



SAINT PAUL
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, PE(MN), CBO, DIRECTOR

375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
Tel: 651-266-8989 | Fax: 651-266-9124

September 20, 2022

Maurice A Swenson/Frances Swenson
1621 Birmingham St
St Paul MN 55106-1204

Dear Maurice A Swenson/Frances Swenson and others, if listed:

On September 20, 2022, this department conducted an inspection of your property at **1621 BIRMINGHAM ST** and because **you were not compliant with a previous order.**

Deficiency: " BASEMENT BEDROOM IS CONDEMNED DUE TO HAVING NO EGRESS WINDOWS. IMMEDIATELY REMOVE THE MATTRESSES AND BED FRAME AND DISCONTINUE USE AS A SLEEPING AREA. "

YOU ARE BEING BILLED \$124.00 for the cost of this inspection. This is in accordance with Chapter 34.24 of the Saint Paul Legislative Code. Payment is due upon receipt of this letter. Make your check payable to the "City of Saint Paul" and mail your payment to:

Department of Safety and Inspections, Code Enforcement
Excessive Consumption Unit
375 Jackson Street, Suite 220
St. Paul, MN 55101-1806

If you do not pay within 30 days, the amount of this bill, plus administrative costs, will be assessed to your property taxes.

NOTICE

Your property is scheduled for a REINSPECTION on **September 27, 2022.**

****WARNING****

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, September 27, 2022, YOU WILL BE BILLED AN ADDITIONAL \$124.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: David Smith, 651-266-8995

David Smith
Code Enforcement Inspector

City of Saint Paul, Department of Department of Safety and Inspections

September 20, 2022

EXCESSIVE CONSUMPTION

Invoice #: 1688098

File #: 22-094035

Property Address: 1621 BIRMINGHAM ST

Property PIN: 222922220007

Owner Name: Maurice A Swenson/Frances Swenson

Fee Description

Amount

Excessive Consumption (Non Compliance)

\$ 124.00

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Send payment to: Department of Safety and Inspections
Excessive Consumption Unit
375 Jackson Street, Suite 220
St. Paul, MN 55101-1806

Keep this portion for your records:

Date Paid: _____ Amount Paid: \$ _____ Check or Money Order #: _____

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*****RETURN THIS PORTION WITH YOUR PAYMENT*****

City of Saint Paul, Department of Department of Safety and Inspections, Code Enforcement Division

EXCESSIVE CONSUMPTION PAYMENT

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