



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

December 5, 2024

Erting Holdahl/Rigo Rojas
747 Payne Ave
St Paul MN 55130-4126

Dear Erting Holdahl/Rigo Rojas and others, if listed:

On December 3, 2024, this department conducted an inspection of your property at **747 PAYNE AVE** and because **you were not compliant with a previous order**.

Deficiency: "PLEASE REMOVE AND PROPERLY DISPOSE OF THE MATTRESSES, BOX SPRINGS, BRICKS, GARBAGE, TREE BRANCHES, APPLIANCES, STOVES, AND ALL MISCELLANEOUS DEBRIS FROM INSIDE THE TRAILERS AND FROM THE ENTIRE PROPERTY. THANK YOU."

YOU ARE BEING BILLED \$134, 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 **December 19, 2024**.

****WARNING****

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, December 19, 2024, YOU WILL BE BILLED AN ADDITIONAL \$134.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Willie Williams, 651-266-1942

Willie Williams
Code Enforcement Inspector

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

December 5, 2024

EXCESSIVE CONSUMPTIONInvoice #: 1917964

File #: 24-092566

Property Address: 747 PAYNE AVE

Property PIN: 292922430091

Owner Name: Ertong Holdahl/Rigo Rojas

<u>Fee Description</u>	<u>Amount</u>
Excessive Consumption (Non Compliance)	\$ 134

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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 #: _____

-----CUT HERE-----

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

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

EXCESSIVE CONSUMPTION PAYMENT**Folder #:** **24-092566**

Invoice: No: 1917964 Date: December 5, 2024

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