



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

December 12, 2024

Robert A Lancaster
1845 Carroll Ave
St Paul MN 55104-3513

Dear Robert A Lancaster and others, if listed:

On December 12, 2024, this department conducted an inspection of your property at **1845 CARROLL AVE** and because **you were not compliant with a previous order.**

Deficiency: "Structural members were replaced without a permit. Permit must be obtained and repairs must be inspected for proper load bearing."

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 **January 2, 2025.**

****WARNING****

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, January 2, 2025, YOU WILL BE BILLED AN ADDITIONAL \$134.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Richard Kedrowski, 651-266-9141

Richard Kedrowski
Code Enforcement Inspector

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

December 12, 2024

EXCESSIVE CONSUMPTION

Invoice #: 1919183

File #: 24-086139

Property Address: 1845 CARROLL AVE

Property PIN: 332923340007

Owner Name: Robert A Lancaster

Fee Description

Amount

Excessive Consumption (Non Compliance)

\$ 134

Payment is due upon receipt of this letter. **Failure to pay within 30 days will result in the amount due assessed to your property taxes.** Make your check payable to the City of Saint Paul.

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

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