



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

April 3, 2023

Jy Investments Llc
16505 Limerick Ln
Minnetonka MN 55345-1829

Dear Jy Investments Llc and others, if listed:

On March 31, 2023, this department conducted an inspection of your property at **1643 DIETER ST** and because **you were not compliant with a previous order.**

Deficiency: "Abandoned vehicles and/or parked on an unapproved surface"

YOU ARE BEING BILLED \$134.00 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 **April 17, 2023.**

****WARNING****

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, March 28, 2023, YOU WILL BE BILLED AN ADDITIONAL \$124.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Sean Westenhofer, 651-266-1914

Sean Westenhofer
Code Enforcement Inspector

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

April 3, 2023

EXCESSIVE CONSUMPTION

Invoice #: 1728038

File #: 22-060422

Property Address: 1643 DIETER ST

Property PIN: 222922210031

Owner Name: Jy Investments Llc

Fee Description

Amount

Excessive Consumption (Non Compliance)

\$ 134.00

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 #: _____

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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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