



APPLICATION FOR APPEAL

Saint Paul City Council – Legislative Hearings

310 City Hall, 15 W. Kellogg Blvd.

Saint Paul, Minnesota 55102

Telephone: (651) 266-8585

legislativehearings@ci.stpaul.mn.us

RECEIVED

SEP 22 2025

We need the following to process your appeal:

☒ \$25 filing fee (non-refundable) (payable to the City of Saint Paul) (if cash: receipt number CK 22938)

☒ Copy of the City-issued orders/letter being appealed & any attachments you may wish to include

☐ Walk In ☐ Mail ☒ Email

Appeal taken by:

CITY CLERK

HEARING DATE & TIME

(provided by Legislative Hearing staff)

Tuesday, _____

Location of Hearing:

☒ Telephone: you will be called between 2:00 pm & 4:00 pm

☐ In person (Room 330 City Hall) at: _____
(required for all condemnation orders and
Fire C of O revocations and orders to vacate)

Address Being Appealed:

Number & Street: 809 Selby Ave W. / 933 Minnehaha Ave W. City: Saint Paul State: MN Zip: 55104

Appellant/Applicant: Abdalla Tobasi Email: atobasi@aol.com

Phone Numbers: Business _____ Residence _____ Cell 612-865-3185

Signature: _____ Date: 9/18/25

Name of Owner (if other than Appellant): _____

Mailing Address if Not Appellant's: _____

Phone Numbers: Business _____ Residence _____ Cell 612-865-3185

What is being appealed and why? Attachments Are Acceptable

☐ Vacate Order/Condemnation/

☐ Revocation of Fire C of O

☐ Summary/Vehicle Abatement

☒ Fire C of O Deficiency List/Correction

☐ Code Enforcement Correction Notice

☐ Vacant Building Registration

☒ Other (Fence Variance, Code Compliance, etc.)

providing outside telephone

providing outside telephone



Fire Inspection Report

City of Saint Paul

Department of Safety and Inspections
375 Jackson Street - Suite 220
Saint Paul MN 55101-1806

Owner Name ABDALLA TOBAS

Owner Address 806 809 SELBY AVE

City State Zip ST PAUL MN 55104

Owner Phone 612-865-3185

License _____

Complaint _____

C of O X

Date 8.4.25

Building Address:

You are hereby notified to remedy the conditions stated below immediately. A reinspection will be made after the reinspection date stated below. If you consider any of these code requirements to be unreasonable, you may appeal to the Legislative Hearing Officer. Applications for appeals may be obtained at the City Clerks Office, 310 City Hall 651-266-8585 within 10 days of the date of the original orders.

Code

Conditions to be Corrected

1) MSFC 1010.1.9.4	DOORS WITH KEY OPERATED LOCKING DEVICE ON THE EGRESS SIDE MUST HAVE A SIGN WITH LETTERS AT LEAST 1" WHICH READS "THIS DOOR TO REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED"
2) MSFC 2304.3	BOTH CONVENIENCE STORE DOOR AND TOBACCO SHOP DOOR UNATTENDED SELF-SERVICE MOTOR FUEL DISPENSING REQUIRES 1) A CLEARLY IDENTIFIED MEANS TO NOTIFY THE FIRE DEPARTMENT ON SITE 2) A SIGN LISTING EMERGENCY PROCEDURES "IN CASE OF FIRE SPILL OR RELEASE 1) USE EMERGENCY SHUT OFF 2) REPORT THE ACCIDENT FIRE DEPARTMENT TELEPHONE NO. _____ FACILITY ADDRESS _____

Owner or Representative Signature _____

Occupancy Type MERCANTILE

Inspector Signature DENNIS KESSEL

CFO Key _____

Reinspection Date SEPT 18, 2025 1pm

** For further information on this report, contact the Fire Inspection Division at 651-266-8989 **