



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 19, 2023

Josh Breitung/Martin Kosto
5705 Glenwood Ave
Golden Valley MN 55422-5052

Dear Josh Breitung/Martin Kosto and others, if listed:

On December 19, 2023, this department conducted an inspection of your property at **1468 BRED AVE** and because **you were not compliant with a previous order.**

Deficiency: "THE APPLIANCES, FURNITURE, GARBAGE AND DEBRIS ALL OVER THE REAR YARD HAVE NOT BEEN REMOVED UPON INSPECTION."

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, 2024.**

****WARNING****

IF YOU DO NOT HAVE THE VIOLATION(S) CORRECTED BY THE NEXT INSPECTION DATE, January 2, 2024, YOU WILL BE BILLED AN ADDITIONAL \$134.00. CALL THE INSPECTOR IF YOU HAVE ANY QUESTIONS: Otis Warner, 651-266-1906

Otis Warner
Code Enforcement Inspector

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

December 19, 2023

EXCESSIVE CONSUMPTION

Invoice #: 1803428

File #: 23-105803

Property Address: 1468 BRED AVE

Property PIN: 272923220027

Owner Name: Josh Breitung/Martin Kosto

Fee Description

Amount

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

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