



Request for City Council Committee Action from the Department of Regulatory Services

Date January 5, 2009

To Public Safety & Regulatory Services Committee, the Honorable Don Samuels, Chairperson

Referral to City Council

Subject Rental Dwelling License Re-instatment-3339 James Avenue North, Owner Paul A. Freitag

Recommendation: On February 29, 2008, the City Council revoked the rental dwelling license held by Michael Pletan for the single family residential property located at 3339 James Ave N. pursuant to Section 244.1910 (13) of the Minneapolis Code of Ordinances.

The Director of Inspections recommends that the City Council reinstate the Rental Dwelling License at 3339 James Ave N to Paul A. Freitag.

Paul A. Freitag has paid all re-instatement fees and submitted an acceptable management plan. The property has been inspected and meets all of the Rental License standards.

Previous Directives None

Prepared or Submitted by Janine Atchison, District Manager 673-3715

Approved by: _____ Date
JoAnn Velde, Deputy Dir., Housing Inspection Serv.

Approved by: _____ Date
Henry Reimer, Director of Inspections

Permanent Review Committee (PRC) Approval _____ Not Applicable XX
Note: To determine if applicable see <http://insite/finance/purchasing/permanent-review-committee-overview.asp>

Policy Review Group (PRG) Approval ____ Date of Approval ____ Not Applicable XX
Note: The Policy Review Group is a committee co-chaired by the City Clerk and the City

Coordinator that must review all requests related to establishing or changing enterprise policies.

Presenters in Committee (name, title) Janine Atchison, District Manager 673-3715.

Financial Impact (Check those that apply)

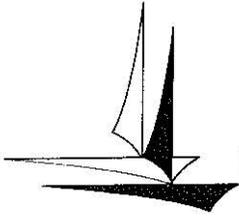
- No financial impact (If checked, go directly to Background/Supporting Information).
- Action requires an appropriation increase to the Capital Budget or Operating Budget.
- Action provides increased revenue for appropriation increase.
- Action requires use of contingency or reserves.
- Business Plan: Action is within the plan. Action requires a change to plan.
- Other financial impact (Explain):
- Request provided to department's finance contact when provided to the Committee Coordinator.

Community Impact (use any categories that apply) Not Applicable

- Neighborhood Notification
- City Goals
- Comprehensive Plan
- Zoning Code
- Other

Background/Supporting Information attached:

- Housing Inspector statement
- Crime Prevention Specialist Statement
- Reinstatement fee Verification



Minneapolis
City of Lakes

**Regulatory Services
Department**

**Housing Inspections
Services Division**

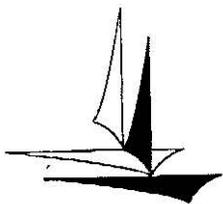
250 South 4th Street – Room 300
Minneapolis MN 55415-1316

Office 612 673-5826
Fax 612 673-2314
TTY 612 673-3300

To: Janine Atchison, Manager of Housing Inspection Services
Subject: 3339 James Ave N

The property located at 3339 James Ave N is a former I J Waconia Property. The building has been sold to Paul Freitag. He has had the building inspected and all orders have been compiled with based on a reinspection of outstanding orders on 25 November 2008.

Dick Warwick
Housing Inspector



Minneapolis
City of Lakes

Police Department

Timothy J. Dolan
Chief of Police

350 South 5th Street - Room 130
Minneapolis MN 55415-1389

Office 612 673-2853
TTY 612 673-2157

January 6, 2009

Dear Janine:

I have received a management Plan from Paul Freitag for the property at 3339 James Ave. N. After reviewing the management Plan I find that it has the entire necessary requirement for a rental license.

If you have any further questions or concerns please contact me.

Sincerely
Mary Etzioni
CPS Mary Etzioni



PAYMENT - INVOICE

Application	Address	Applicant	Comment	Quantities	Fee Calc	Fee Pmt	Issue
Permit Type: RLIC	# T344	Project:	Date: 30 DEC-2008				
Permit Name:	Status: OPEN	Expire Date: 31-AUG-2009					
APN: 0902924240142	3339 JAMES AVE N	MPLS					

FEES	Fee Code	Description	Quantity	Amount	Bal Due	By	Time Acct.	Calc Date
<input checked="" type="checkbox"/>	RLMISC	RENTAL LICENSING		\$1,000.00	\$0.00	DCL		30-DEC-2008
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

PAYMENT 1 OF 1 CURRENT RECEIPT: Void Payment Payer...1

Pmt Code	Comment	Receipt#	Amount	Acct#	By	Date	C
CHECK	CHECK #15401 KIMBERLY DR PA	08-54288	\$1,000.00	0100835856031	DCL	30-DEC-2008 10:15:33	

Total Fees: \$1,000.00 Paid: \$1,000.00 Balance Due: \$0.00

Comment:

[Print Receipt](#) [Single Payment Distribution](#) [Print Fee Listing](#)