

CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS 375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806

General Information: 651-266-8989 Fax: 651-266-9124

Visit our web site: www.stpaul.gov/dsi

FOLDER #	
(for office use only)	

VACANT BUILDING \$5,000.00 PERFORMANCE DEPOSIT

DATE				
VACANT BUILDIN	G ADDRESS			
DEPOSITOR'S NAM	1E			
DEPOSITOR'S ADD	RESS			
CITY	S7	TATE	ZIP CODE	
DAYTIME PHONE()		FAX NUMBER()
When your project is com	pleted and approved,	your \$5,000.00 perfor	mance deposit plus interes	st will be refunded to you.
Building), a \$5,000.00 per	rformance deposit (ca s to complete project	sh or bond) must be n if work is proceeding	ade before a permit will bg expeditiously and is me	ns and where applicable (Category 3 be issued. It may be possible to get an ore than 50% complete or if
I also understand that this obtained.	property shall <u>not</u> be	occupied until all cod	e corrections are made and	d written authorization to occupy is
Please indicate below the	address your Refund	Check should be sent	to:	
	NAME			
	ADDRESS			
	CITY	STATE	ZIP	
Signature of Cardho	der (required for a	all charges):		
Massing Massing III	VISA	American Express	TE THE FOLLOWING II Discover Ma	asterCard
Expiration Date:			Amount:	\$