



CITY OF SAINT PAUL
 DEPARTMENT OF SAFETY AND INSPECTIONS
 375 Jackson Street, Suite 220
 Saint Paul, MN 55101
 General Information: 651-266-9090 Fax: 651-266-9124
 Visit our web site: www.stpaul.gov/dsi

FOLDER #
 (for office use only)

APPLICATION FOR STRUCTURE INSPECTION

NOTE: Structures moved into or within this jurisdiction are required to comply with the provisions of the State Building Code for new buildings or structures.

PRESENT LOCATION OF BUILDING _____

Identification # and/or description of structure: _____

TYPE OF BUILDING:

Single _____ Duplex _____ Apartment _____ Commercial _____ Garage _____

Size: Width _____ Length _____ Height _____ **Number of Stories** _____ **Basement:** Yes or No
 (circle one)

NEW LOCATION OF BUILDING _____

Lot _____ Block _____ Addition _____

Mover's Name / Phone Number _____

APPLICANT: Name _____
 Address _____
 City/State _____ Zip _____
 Day time Phone (____) _____
 Fax (____) _____

Foundation
 Permit#: _____ - _____

FEE SCHEDULE FOR INSPECTIONS OF BUILDINGS TO BE MOVED:
 Fees Effective: 01/01/2009
 a) Garages and Group U occupancies.....\$ 70.00
 b) Dwelling other than Group U occupancies..... \$ 106.00
 c) Structures located outside city limits will have an additional fee of \$70.00 per hour including travel time (minimum charge - one [1] hour)

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:



American Express Discover MasterCard Visa

Expiration Date: _____ **Account Number:** _____ **Amount: \$** _____

_____/____/____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Signature of Card Holder (required for all charges)

Date

INSPECTOR'S COMMENTS AND / OR CORRECTIONS TO BE MADE:

EXTERIOR:

INTERIOR:

NEW LOCATION:

PLUMBING, ELECTRICAL, HVAC SHALL BE UPGRADED TO MEET CODE

MOVE STATUS: OK TO MOVE WITH CORRECTIONS

NOT OK TO MOVE

INSPECTOR'S NAME: _____ DATE: _____

INSPECTOR'S PHONE# (651) _____ - _____

Attention Inspector:

Please return signed inspection results to: _____ at the front counter.