



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

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RESIDENTIAL OCCUPANCY AFFIDAVIT

THIS AFFIDAVIT MUST BE COMPLETED AND RETURNED TO THE FIRE INSPECTOR UPON INSPECTION OF THE PROPERTY. A CERTIFICATE OF OCCUPANCY WILL NOT BE RENEWED WITHOUT THIS COMPLETED AFFIDAVIT.

If all the units were not inspected by one person, signatures of all persons inspecting units are required. More than one sheet may be used.

_____ Address _____ # of Units _____ COFO #

The maximum occupancy of each dwelling unit is determined by the least of the following:

1. Sleeping rooms – 70 square feet for one person, or 50 square feet per person for two or more using a sleeping room.
2. Total of all habitable rooms – 150 square feet for the first person, and 100 square feet for each additional person.

Any room used for sleeping must have at least two exits, one of which can be an approved escape window.

I affirm that all units are occupied in accordance with the above-listed requirements and that I personally inspected the occupancy of the dwelling units and guest rooms in the building at the above address as follows:

APT. #	DATE	# OCCUPANTS	APT. #	DATE	# OCCUPANTS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature _____ Date _____