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 #
(Office use only)

BUYER'S APPLICATION FOR SALE APPROVAL OF A CATEGORY #2 REGISTERED VACANT BUILDING

Vacant Building Address: _____

Use of Building (Check One): **Single** _____ **Duplex**_____ **Multi-Unit** _____

Buyer's Name: _____
(Print Clearly and Legibly)

Buyer's Address: _____
(Street Number and Street Name) **City** **State** **Zip**

Buyer's Daytime Phone: _____ **Fax :** _____
(Include Area Code) (Include Area Code)

THE FOLLOWING REQUIREMENTS MUST BE COMPLETED AND THE APPLICATION FEE PAID BEFORE

- A completed Vacant Building Registration Form must be provided.
- The annual vacant building fee ($2,025.00) must be current, or provision must be made for the payment at closing.
- A Code Compliance Inspection Report (or a Fire Team Inspection Report if the building has 3 or more units) must be completed and must not be more than one year old.
- An estimate from a state-licensed, general building contractor to complete the code compliance repairs must be submitted. The estimate must be on the contractor's letterhead and include the contractor's state license number. The estimate must include total costs for each of the 4 categories of repairs: Building, Electrical, Plumbing, and Heating. The estimate must contain a statement that it addresses all the code compliance repairs detailed in the report.
- A signed statement must be provided by the buyer giving a date or a time line for the completion of all the work required by the Code Compliance or Fire Team Inspection Report.
- A copy of the purchase agreement must be provided.
- Proof of financial capability to purchase the property and complete the required work must be furnished.

I understand that this property SHALL NOT be occupied until all code corrections are made and written authorization to occupy is obtained.

Fee Effective: 01/01/2010	$275.00	Make checks payable to the City of Saint Paul

Signature: _____

IF PAYING BY CREDIT CARD YOU MAY NOT EMAIL THIS FORM. SUBMIT VIA MAIL, FAX, OR PERSONAL DELIVERY, ONLY.:

Amount: $ _____

☐ **American Express** ☐ **Discover**
☐ **MasterCard** ☐ **Visa**

Account Number (one digit per box, use only the boxes needed) **Expiration Date** **Security Code** (required)

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_____ _____
Signature of Cardholder (required for all charges) **Date**