



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)

**APPLICATION FOR COMPLIANCE INSPECTION: SINGLE FAMILY AND DUPLEX
 VACANT, HAZARDOUS, & ABANDONED BUILDINGS**

Vacant Building Address _____

Use of Building (check one): _____ Single Family _____ Duplex

Owner _____ Daytime Phone (____) _____

Address _____ Fax (____) _____

City _____ State _____ Zip Code _____

Email Address _____

Your inspection will be conducted sooner if all necessary entry keys are provided on-site in a lock box.

Lock Box Combination: _____ Send report by (check one): _____ Mail _____ Email

Affidavit of Owner or Responsible Party

I hereby certify that the above information and answers are correct and that I am the legal owner or responsible party of the premises at the above location. I understand that all items listed on the inspection report must be corrected within six months and; where applicable (Category III Building), a \$5,000.00 performance deposit (cash or bond) must be made before a permit will be issued. It may be possible to get an additional six (6) months to complete the project, if work is proceeding expeditiously and is more than 50% complete or if unforeseen conditions have had a significant schedule impact on the completion of work.

I also understand that this property shall not be occupied until all code deficiencies are corrected and written authorization to occupy is obtained.

Category Information

#2

- *Code Compliance
- *Inspection Report
- *Permits + Sign-Off (cash or bond)
- *Remove Boards
- *C of O or Certificate of Code Compliance

#3

- *Code Compliance
- *Inspection Report
- *\$5,000 Performance Deposit
- *Permits + Sign Off
- *C of O or Certificate of Code Compliance

Make Checks Payable to the City of Saint Paul

Residential:
 Single Family..... \$460.00
 Duplex.....\$577.00

I understand that a re-inspection fee may be applied if the inspector is unable to access all areas of the building during the pre-arranged inspection or if the building is not cleaned out, secured and sanitary.

 Signature of Owner or Responsible Party Date

Amount \$ _____

Signature of Cardholder (required for all charges):

AMEX Discover MasterCard Visa

Security Code ▶

Expiration Month/Year ▶

Enter Account Number ▶▶