



### CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS  
375 JACKSON STREET, SUITE 220  
SAINT PAUL, MINNESOTA 55101-1806  
Phone: 651-266-8989 Fax: 651-266-8951  
Visit our Web Site at [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

### CHANGE OF OWNERSHIP, RESPONSIBLE PARTY AND/OR MAILING ADDRESS FOR Fire Certificate of Occupancy

Revised 1/2018

Chapter 40 of the Saint Paul Legislative Code requires all existing buildings, with the exception of owner-occupied single family houses and owner-occupied duplexes, to have and maintain a Fire Certificate of Occupancy. It further states that the owner of all buildings subject to the Fire Certificate of occupancy requirement shall apply for a Fire Certificate of Occupancy. Failure to do so may result in enforcement action.

Please send the completed form to [DSI-FireSafetyForms@stpaul.gov](mailto:DSI-FireSafetyForms@stpaul.gov).

Property Address: \_\_\_\_\_

Building or Business Name: \_\_\_\_\_

Commercial: <input type="checkbox"/>	Mixed Res./Commercial: <input type="checkbox"/>	Commercial Sq. Ft: _____
Residential: <input type="checkbox"/>	# of Residential Units: _____	Number of Stories: _____
# Basement Levels: _____	Fire Alarm System: <input type="checkbox"/>	Sprinkler System: <input type="checkbox"/>
Keybox: <input type="checkbox"/>	Fire Service Elevator: <input type="checkbox"/>	Emergency Generator: <input type="checkbox"/>

Owner Name(s): _____
Mailing Address of Owner: _____
Owner Contact Information: Work/Home: _____ Cell: _____
Email: _____
*Manager/Responsible Party: _____
Mailing Address of Property Manager: _____
Property Manager Contact Information: Work/Home: _____ Cell: _____
Email: _____

Additional Information: \_\_\_\_\_

Submitted by: \_\_\_\_\_

**By typing my name below, I have agreed to submit this document by electronic means and confirm all of the above information is accurate and true.**

Signature: \_\_\_\_\_ Date of Change: \_\_\_\_\_