CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
General Information: 651-266-9090
Code Compliance: 651-266-9016 - Fax: 651-266-9124
Visit our web site: www.stpaul.gov/dsi
Fax: 651-266-9124

FOLDER #
(for office use only)

VACANT BUILDING $5,000.00 PERFORMANCE DEPOSIT

DATE_____

VACANT BUILDING ADDRESS_____

DEPOSITOR'S NAME_____

DEPOSITOR'S ADDRESS_____

CITY_____STATE_____ZIP CODE_____

DAYTIME PHONE(_____)_____FAX NUMBER(_____)_____

When your project is completed and approved, your $5,000.00 performance deposit plus interest will be refunded to you.

I understand that all items listed on the inspection report must be corrected within six (6) months and where applicable (Category 3 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 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 corrections are made and written authorization to occupy is obtained.

Please indicate below the address your Refund Check should be sent to:

NAME_____

ADDRESS_____

CITY_____STATE_____ZIP_____

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