

APPLICATION FOR <u>RESIDENTIAL (3+ UNITS), COMMERCIAL, AND MIXED USE</u> CODE COMPLIANCE INSPECTION: VACANT, HAZARDOUS & ABANDONED BUILDINGS

Vacant Building Address:				
Use of Building (check one):M		Owelling (Enter # of Units) Mixed Residential/Commercial (Enter # of Units)		
Owner	Daytime P	_ Daytime Phone ()		
Address		Fax ()		
City	State	Zip Code		
Email Address				
Your inspection may be c	conducted sooner if all entry keys a	re provided on-site in a secure lock box.		
Lock Box Combination: Send report by (check one): Mail Email		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 <u>not</u> be occupied until all code deficiencies are corrected and written authorization to occupy is obtained.

All structures to be inspected must be thoroughly cleaned out and sanitary, leaving no clutter and all areas must be accessible. Noncompliance will result in the imposition of re-inspection fees.

Signature of Owner or Responsible Party		Date		
Category II Vacant Building -Code Compliance -Inspection Report -Permits and Sign-off -Remove Boards -Certificate of Occupancy or Certificate of Code Compliance	-Code Compliar -Inspection Rep -\$5,000 Perform -Permits and Sig -Certificate of C	ort nance Deposit (cash or bond) gn-off	Residential 1 unit	
Signature of Cardholder (required for all charges):				
AMEX Discover MasterC	ard 🗆 Visa	Security Code ►	Expiration Month/Year ►	
Enter Account Number ►►				

Make checks payable to City of Saint Paul. If paying by credit card, please submit via US Mail, fax or personal delivery. Credit card processing via email is prohibited.