

CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS 375 Jackson Street, Suite 220 Saint Paul, MN 55101

General Information: 651-266-8989 Fax: 651-266-9124

Visit our web site: www.stpaul.gov/dsi

FOLDEK#	
(for office use only)	

APPLICATION FOR STRUCTURE INSPECTION

NOTE: Structures moved into or within this jurisdiction are required to comply with the provisions of the State Building Code for new buildings or structures.

dentification # a	nd/or description o	f structure:						
TYPE OF BUIL	DING:							
Single	Duplex	Apartment	Commercia	alGarage				
Size: Width	Length	Height	Number of Stories	Basement:	Yes or No			
NEW I OCATIO	ON OF RIJI DIN	C			(circle one)			
			Addition					
	Name							
	Address			Foundation Permit#:				
	Day time Phon	e <u>(</u>)						
F		R INSPECTIONS OF Gees Effective: 02/2019	F BUILDINGS TO BE MO	VED:				
b c) Dwelling other than	Group U occupancies tside city limits will ha	\$\$ ave an additional fee of \$78.0 one [1] hour) Effective:	5 117.00 00 per				

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:

Signature of Cardholder (required for all charges):														
☐ AMEX ☐ Discover ☐ MasterCard ☐ Visa					Security Code ▶	,					tion Date:			
Enter Account ► Number						,								

INSPECTOR'S COMMENTS AND / OR CORRECTIONS TO BE MADE: **EXTERIOR: INTERIOR: NEW LOCATION:** PLUMBING, ELECTRICAL, HVAC SHALL BE UPGRADED TO MEET CODE \sqcup OK TO MOVE WITH CORRECTIONS MOVE STATUS: ☐ NOT OK TO MOVE INSPECTOR'S NAME: _____ DATE:____ INSPECTOR'S PHONE# (651) _____-**Attention Inspector:**

Please return signed inspection results to: ______at the front counter.