



CITY OF SAINT PAUL - DEPARTMENT OF SAFETY AND INSPECTIONS

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

FOLDER #
(Office use only)

BUYER'S APPLICATION FOR SALE APPROVAL
OF A CATEGORY #2 REGISTERED VACANT BUILDING

Vacant Building Address: _____

Use of Building (Check One): Single _____ Duplex _____ Multi-Unit _____

Buyer's Name: _____
(Print Clearly and Legibly)

Buyer's Address: _____
(Street Number and Street Name) City State Zip

Buyer's Daytime Phone: _____ Fax: _____
(Include Area Code) (Include Area Code)

THE FOLLOWING REQUIREMENTS MUST BE COMPLETED AND THE APPLICATION FEE PAID BEFORE THIS OFFICE CAN PROCESS A REVIEW FOR THE SALE OF THIS PROPERTY

- A completed Vacant Building Registration Form must be provided.
The annual vacant building fee (\$2,127.00) must be current, or provision must be made for the payment at closing.
A Code Compliance Inspection Report (or a Fire Team Inspection Report if the building has 3 or more units) must be completed and must not be more than one year old.
An estimate from a state-licensed, general building contractor to complete the code compliance repairs must be submitted. The estimate must be on the contractor's letterhead and include the contractor's state license number. The estimate must include total costs for each of the 4 categories of repairs: Building, Electrical, Plumbing, and Heating. The estimate must contain a statement that it addresses all the code compliance repairs detailed in the report.
A signed statement must be provided by the buyer giving a date or a time line for the completion of all the work required by the Code Compliance or Fire Team Inspection Report.
A copy of the purchase agreement must be provided.
Proof of financial capability to purchase the property and complete the required work must be furnished.

I understand that this property SHALL NOT be occupied until all code corrections are made and written authorization to occupy is obtained.

Table with 3 columns: Fee Effective: Feb 2020, \$297.00, Make checks payable to the City of Saint Paul

Signature: _____

IF PAYING BY CREDIT CARD YOU MAY NOT EMAIL THIS FORM. SUBMIT VIA MAIL, FAX, OR PERSONAL DELIVERY, ONLY.

Amount: \$ _____

- American Express Discover
MasterCard Visa



Account Number (one digit per box, use only the boxes needed) Expiration Date Security Code (required)

Grid for account number, expiration date (MM/YY), and security code.

Signature of Cardholder (required for all charges)

Date