



CITY OF SAINT PAUL
 OFFICE OF LICENSE, INSPECTIONS AND ENVIRONMENTAL PROTECTION
 350 St. Peter Street, Suite 300
 Saint Paul, MN 55102-1510
 General Information: 651-266-9090 - Code Compliance: 651-266-9016 - Fax: 651-266-9124
 Visit our web site: www.liep.us

FOLDER #
 (for office use only)

APPLICATION FOR CODE COMPLIANCE

DATE: _____

LOCATION: _____

USE OF BUILDING: (check one) SINGLE FAMILY DWELLING _____ DUPLEX _____

PURPOSE OF INSPECTION: _____

PLEASE CHECK INSPECTION REQUESTED

BUILDING _____ PLUMBING _____ ELECTRICAL _____ HEATING _____

PURCHASER'S NAME: _____

PURCHASER'S ADDRESS: _____

PHONE NUMBER:(_____) FAX NUMBER(_____)

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

PHONE NUMBER:(_____) FAX NUMBER(_____)

Affidavit of Owner

I hereby certify that the above information and answers are correct and I am the legal owner of the premises at the above location. I also understand that any hazardous items listed on the inspection report must be corrected whether or not the above premise is sold. I also give my permission for the City of Saint Paul to issue a copy of the report to the purchaser.

Fees Effective 01/01/2004

\$53.00 Individual Inspection (Per Trade) _____ Owner
 \$138.00 Single Family (Life Safety and Code Compliance)
 \$172.00 Duplex (Life Safety and Code Compliance)

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