

11 276186

City of Saint Paul
Department of Safety and Inspections
VACANT BUILDING REGISTRATION FORM

Date: 9/21/2011

Address of Property: 23 Isabel St. W, St. Paul, MN

Planned disposition of this building (please check one):

☐ I plan to rehabilitate this structure commencing (date): _____

☐ I plan to demolish (wreck and remove) this building by (date): _____

☐ I am willing to authorize the City of Saint Paul to demolish and remove this building(s).

☐ This building is vacant as a result of fire damage. The fire occurred on (date) _____. I, as the property owner, want to claim registration and fee exemption status for ninety (90) days from the date of the fire. I intend to repair and reoccupy the building.

Other: We are registering the building as a vacant property.

Persons who will be responsible for compliance with the requirements of ordinance:

NAME	ADDRESS	HOME NO.	WORK NO.
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See below

Persons, lien holders, mortgagees, mortgagors and other interested parties known to me:

NAME	ADDRESS	HOME NO.	WORK NO.
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1329696

The Anderson Group

Print Your Name (legibly)

Jeff Anderson

Signature

Date of Birth

45451 Founders Lane

Address

Apple Valley, MN

55124

City

State

Zip

952-223-1000

952-223-1004

main contact telephone

alternate phone

anderson group @ results.net

Email address

INSTRUCTIONS:

Complete and return this form with your VB registration fee payment of \$1,100.00.

Make checks payable to: City of Saint Paul

Credit cards are accepted

Make Payment at, or mail payment to:

City of Saint Paul

Department of Safety and Inspections

Code Enforcement – Vacant Buildings

375 Jackson Street, Suite 220

St. Paul, MN 55101-1806

Thank you for your cooperation