



CHANGE OF OWNERSHIP, RESPONSIBLE PARTY AND/OR MAILING ADDRESS FOR FIRE C OF O PROPERTIES

(Complete and return this form to the Department of Safety & Inspections)

Department of Safety & Inspections
 Fire Safety Inspection Division
 375 Jackson Street – Suite 220
 Saint Paul MN 55101-1806
 Fax: 651-266-8951

Chapter 40 of the Saint Paul Legislative Code requires all existing buildings, with the exception of owner-occupied single family houses and owner-occupied duplexes, to have and maintain a Fire Certificate of Occupancy. It further states that the owners of all buildings subject to the Fire Certificate of Occupancy requirement shall apply for a Fire Certificate of Occupancy. Failure to do so may result in enforcement action.

Property Address: 820 Ocean St St Paul 55106

Building or Business Name: _____

| | | | | | |
|-----------------------|-------------------------------------|-------------------------------|--------------------------|----------------------|-------|
| Commercial: | <input type="checkbox"/> | Mixed Residential/Commercial: | <input type="checkbox"/> | Commercial Sq. Ft: | _____ |
| Residential: | <input checked="" type="checkbox"/> | Number of Residential Units: | _____ | Number of Stories: | _____ |
| # of Basement Levels: | _____ | Fire Alarm System: | _____ | Sprinkler System: | _____ |
| Keybox: | _____ | Fire Service Elevator: | _____ | Emergency Generator: | _____ |

Owner Name(s): Scott Bradley

Mailing Address of Owner: 418 Goodrich Ave
St Paul 55102

Owner Telephone Number(s): Home: _____ Cell: 651-432-1860
Work: _____ Fax: _____

*Manager/Responsible Party: Owner

Mailing Address of Property Manager: _____

Property Manager Telephone Number(s): Home: _____ Cell: _____
Work: _____ Fax: _____

Additional Information: I bought the home in July 2018. Notices went to prior owner.

Submitted By: Scott Bradley

Signature: Scott B DATE OF CHANGE: 6-15-2022