



Fire Inspection Report

City of Saint Paul

Department of Safety and Inspections
375 Jackson Street – Suite 220
Saint Paul MN 55101-1806

Owner Name FELICIA HER
 Owner Address 1700 EDGEMONT ST
 City State Zip MAPLEWOOD, MN 55117
 Owner Phone 651-528-3236

License _____
 Complaint _____
 C of O _____
 Date 4-21-17

Building Address: 528 Como Ave St Paul, MN

You are hereby notified to remedy the conditions stated below immediately. A reinspection will be made after the reinspection date stated below. If you consider any of these code requirements to be unreasonable, you may appeal to the Legislative Hearing Officer. Applications for appeals may be obtained at the City Clerks Office, 170 City Hall 651-266-8989 within 10 days of the date of the original orders.

Code	Conditions to be Corrected
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299F.362	Smoke alarm
	1) Charge the battery to the smoke alarm in the living room in Unit 2.
	2) Provide a smoke alarm for the bedroom in Unit 1 near the kitchen.
	3) Provide a hard-wired smoke alarm in the basement. It is missing.
	4) Remove the plastic covers over the bedroom windows in Unit 2.
Inspector will return on Monday to verify	

Owner or Representative Signature Felicia Her

Occupancy Type _____ Inspector Signature E. J. Frig
 CFO Key _____ Reinspection Date 4-21-17