



**SAINT PAUL**  
SAFETY & INSPECTIONS

# Fire Inspection Report

## City of Saint Paul

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

Owner Name _____	License _____
Owner Address _____	Complaint _____
City State Zip _____	C of O _____
Owner Phone _____	Date _____

**Building Address:** \_\_\_\_\_

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 Clerk's Office, 310 City Hall, phone: 651-266-8585, within 10 days of the date of the original orders.

Code	Conditions to be Corrected

**Owner or Representative Signature** \_\_\_\_\_

Occupancy Type \_\_\_\_\_ Inspector Signature \_\_\_\_\_

CFO Key \_\_\_\_\_ Reinspection Date \_\_\_\_\_ Time \_\_\_\_\_

**\*\* For further information on this report, contact the Fire Inspection Division at 651-266-8989 \*\***