



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

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

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

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: 455 COMO AVE - WEST BUILDING

Building or Business Name: PERSONAL USE

Commercial: _____	Mixed Residential/Commercial: _____	Commercial Sq. Ft: _____
Residential: _____	Number of Residential Units: _____	Number of Stories: _____
# of Basement Levels: _____	Fire Alarm System: _____	Sprinkler System: _____
Keybox: _____	Fire Service Elevator: _____	Emergency Generator: _____

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Owner Name(s): BLAINE HERBERT
PAUL + FRANCINE PANIAN

Mailing Address of Owner: BLAINE HERBERT
226 MINNESOTA AV RSUL MN 55113

Owner Telephone Number(s): Home: 480 640 5924 Cell: 480 253 2859 - B
Work: _____ Fax: _____

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*Manager/Responsible Party: TERESA WILLMUS / BLAINE HERBERT

Mailing Address of Property Manager: 226 MINNESOTA AV
ROSEVILLE MN 55113

Property Manager Telephone Number(s): Home: 480 640 5924 Cell: B. 480 253 2859
Work: _____ Fax: _____

Additional Information: _____

Submitted By: Teresa A Willmus
Signature: Teresa A Willmus DATE OF CHANGE: AUG 12 2021