

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

Date: FEB 9-14

Address of Property: 711-719 GLENDALE ST ST. PAUL

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) JAN 12-14. 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: _____

Responsible Party: Persons/organizations who will ensure compliance with the ordinance:

NAME	ADDRESS	PRIMARY PHONE	ALTERNATE PHONE
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<u>GENE CHRISTIANSON</u>		<u>651-402-9729</u>	
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Persons, lien holders, mortgagees, mortgagors and other interested parties known to me:

NAME	ADDRESS	PRIMARY PHONE	ALTERNATE PHONE
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All persons listed here will receive letters for the annual fee renewal. Also use this form to de-register your interest.

<u>GENE CHRISTIANSON</u> Print Your Name (legibly) Signature Date of Birth <u>1809 MALVERN ST</u> Address <u>ST PAUL</u> <u>MN</u> <u>55113</u> City State Zip <u>651-402-9729</u> main contact telephone alternate phone Email address (print legibly)	NOTE NEW VB FEE of \$1,440 effective for registrations due on or after January 1, 2013. INSTRUCTIONS: <i>Complete and return this form with your VB registration fee payment of <u>\$1,440.00</u>.</i> Make checks payable to: <u>City of Saint Paul</u> <i>Credit cards are accepted</i> 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 <i>Thank you for your cooperation</i>
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