



City of Saint Paul

Saint Paul Fire Department



Inspection Request DFSS-04

This form may be completed from your laptop or cell phone: [click here](#)

Date: 1/2/2025

Owner Name: Ron Staheli

Property Address: 358 Arbor St

Occupant Name: Linda Obrien, lower level Mary Kay Brennan, upper level

Occupant Phone: Ron Staheli, 612-865-2004

Property Type: ☒ Single Family or duplex ☒ Multi-family (2 units or more)

☐ Commercial Property ☐ Public Building

☐ Assembly ☐ Other [Click or tap here to enter text.](#)

Check the following corrections:

- | | |
|--|---|
| <input type="checkbox"/> Address Nos. | <input type="checkbox"/> Standpipe |
| <input type="checkbox"/> Keybox | <input type="checkbox"/> Sprinkler System |
| <input type="checkbox"/> Exit Doors | <input type="checkbox"/> Illegal Burn |
| <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Hazardous Material |
| <input checked="" type="checkbox"/> Smoke/CO Detector | <input checked="" type="checkbox"/> Xcel "Red" Tagged Appliance |
| <input checked="" type="checkbox"/> Elevated CO (30ppm) | |
| <input checked="" type="checkbox"/> No Heat | |
| <input checked="" type="checkbox"/> Utility Shut Off | |
| <input type="checkbox"/> Electrical | |
| <input type="checkbox"/> Housekeeping | |
| <input type="checkbox"/> Update Contact Info | |
| <input type="checkbox"/> Other - Describe situation and desired outcome: | Click or tap here to enter text. |

Name: Eric Hoel Rank: Capt Company: Squad 2

☐ If requesting follow-up from DSI on results of inspection, include email address: [Click or tap here to enter text.](#)

Email completed form to: FORM4, District Chief, and yourself