



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

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

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

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: 820 Ocean St St Paul 55106

Building or Business Name: \_\_\_\_\_

Commercial: _____	<input checked="" type="checkbox"/> 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: _____

Owner Name(s): Scott Bradley

Mailing Address of Owner: 418 Goodrich Ave  
St Paul 55102

Owner Telephone Number(s): Home: \_\_\_\_\_ Cell: 651-432-1860  
Work: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Manager/Responsible Party: Owner

Mailing Address of Property Manager: \_\_\_\_\_

Property Manager Telephone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Additional Information: I bought the home in July 2018. Notices went to prior owner.

Submitted By: Scott Bradley

Signature: Scott B DATE OF CHANGE: 6-15-2022