

CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS DEPARTMENT OF SAFETY AND INSPECTIONS
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
General Information: 651-266-9090
Code Compliance: 651-266-9016 - Fax: 651-266-9124
Visit our web site: www.stpaul.gov/dsi

Fax: 651-266-9124

FOLDER# (for office use only)

## VACANT BUILDING \$5,000.00 PERFORMANCE DEPOSIT

$\alpha$
DATE 9-12-11
VACANT BUILDING ADDRESS 937 939 Jake hart True Staul
DEPOSITOR'S NAME PETER FUCHS
DEPOSITOR'S ADDRESS 12864 NICOLIC! HORS
CITY BURNS VILLE STATE MN ZIP CODE SS 337
DAYTIME PHONE(612) 741-5801 FAX NUMBER()
When your project is completed and approved, your \$5,000.00 performance deposit plus interest will be refunded to you.
I understand that all items listed on the inspection report must be corrected within six (6) months and where applicable (Category 3 Building), a \$5,000.00 performance deposit (cash or bond) must be made before a permit will be issued. It may be possible to get an additional six (6) months to complete project if work is proceeding expeditiously and is more than 50% complete or if unforeseen conditions have had a significant schedule impact on the completion of work.
I also understand that this property shall <u>not</u> be occupied until all code corrections are made and written authorization to occupy is obtained.
Please indicate below the address your Refund Check should be sent to:
NAME Jame as about
ADDRESS
CITYSTATEZIP
IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:
American Express Discover MasterCard Visa
Expiration Date: Account Number: Amount: \$
Signature of Card Holder (required for all charges)  Date



By:

# RECEIPT

### CITY OF SAINT PAUL

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

Phone: 651-266-8989 Fax: 651-266-9124 www.stpaul.gov/dsi

Payment #: 833076

Payment Date: September 12, 2011

Paid PETER FUCHS

12864 NICOLLET AVE S SUITE 301

BURNSVILLE MN 55337

**Amount Paid:** 

\$5,000.00

Payment Type: Check

Transaction Description

Project Location: 937 IGLEHART AVE ST PAUL MN 55104-5427

07 - 129144

TYPE: VACANT BUILDING

**VB** Monitoring

SUB TYPE: CATEGORY 3

WORK TYPE: DUPLEX

**FEES** 

Performance Deposit

5,000.00

TOTAL

5,000.00

<sup>\*\*</sup> To schedule a Vacant Building Code Compliance Inspection, call Jim Seeger at 651-266-8989 between 7:30 and 9:00 AM, Monday - Friday. \*\*

<sup>\*\*</sup> Questions regarding Vacant Building Performance Deposits can also be directed to Jim Seeger. \*\*

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

Address of Property: 937/939 )	lehart
Planned disposition of this building (please check one):  I plan to rehabilitate this structure commencing (date):	Oct 1-2011
I plan to demolish (wreck and remove) this building by	
I am willing to authorize the City of Saint Paul to demo	olish and remove this building(s).
This building is vacant as a result of fire damage. The the property owner, want to claim registration and fee date of the fire. I intend to repair and reoccupy the building of the control of the contr	exemption status for ninety (90) days from the
Persons who will be responsible for compliance with the re	quirements of ordinance:
NAME_ ADDRESS HOME	NO. WORK NO.
eler tuchs 12864 Vicollet C	Aue S GD- 741 SX
Burnsuille MN 5	
Persons, lien holders, mortgagees, mortgagors and other in	
	·
NAME ADDRESS HOME	E NO. WORK NO.
Pefer Fuchs Print Your Name (legibly)	INSTRUCTIONS:  Complete and return this form with your VB
Signature  Date of Birth  128 4 Nico (1et The State State Sip  G12-741-580   main contact telephone alternate phone	Complete and return this form with your VB registration fee payment of \$1,100.00.  Make checks payable to: City of Saint Paul Credit cards are accepted  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
Email address	Thank you for your cooperation