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

Date:			
Address of Property: 1876 Wordsworth			
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 the property owner, want to claim registration and fee date of the fire. I intend to repair and reoccupy the bu Other:	exemption status for ninety (90) days from the ilding.
		Persons who will be responsible for compliance with the re	quirements of ordinance:
NAMED INVESTMENAD DRESS HOME NO. WORK NO. 356 ARLINGTON AVE. W ST PAUL MN 55117 PH 851-845-2015 Fax: 651-647-4306			
Persons, lien holders, mortgagees, mortgagors and other interested parties known to me: NAME ADDRESS HOME NO. WORK NO.			
Joson Fret	INSTRUCTIONS:		
Print Your Name (legibly)			
J. C. 0-5-82	Complete and return this form with your VB registration fee payment of \$1,100.00.		
Signature Date of Birth	Make checks payable to: City of Saint Paul		
Address	Credit cards are accepted		
KBD INVESTMENTS LLC, 356 ARLINGTON AVE, W	Make Payment at, or mail payment to: City of Saint Paul		
City ST PAUL Mstate 55117 Zip PH 651-645-2015 Fax: 651-647-4306	Department of Safety and Inspections Code Enforcement – Vacant Buildings		
main contact telephone alternate phone	375 Jackson Street, Suite 220 St. Paul, MN 55101-1806		
Email address	Thank you for your cooperation		