

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.

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>GENE CHRISTIANSON</u></div> <div style="display: flex; justify-content: space-between;"><div>Print Your Name (legibly)</div><div></div></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"><div>Signature</div><div>Date of Birth</div></div> <div style="display: flex; justify-content: space-between;"><div><u>1809 MALVERN ST</u></div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>Address</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div><u>ST PAUL</u></div><div><u>MN</u></div><div><u>55113</u></div></div> <div style="display: flex; justify-content: space-between;"><div>City</div><div>State</div><div>Zip</div></div> <div style="display: flex; justify-content: space-between;"><div><u>651-402-9729</u></div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>main contact telephone</div><div>alternate phone</div></div> <div style="border-bottom: 1px solid black; margin-top: 10px;"></div> <div>Email address (print legibly)</div>	<p>NOTE NEW VB FEE of \$1,440 effective for registrations due on or after January 1, 2013.</p> <p>INSTRUCTIONS:</p> <p><i>Complete and return this form with your VB registration fee payment of <u>\$1,440.00</u>.</i></p> <p><i>Make checks payable to: <u>City of Saint Paul</u></i></p> <p style="text-align: center;"><i>Credit cards are accepted</i></p> <p><i>Make Payment at, or mail payment to:</i></p> <p style="text-align: center;">City of Saint Paul Department of Safety and Inspections Code Enforcement – Vacant Buildings 375 Jackson Street, Suite 220 St. Paul, MN 55101-1806</p> <p><i>Thank you for your cooperation</i></p>
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