

CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS

Signature of Card Holder (required for all charges)

3/5 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)

Date

VACANT BUILDING \$5,000.00 PERFORMANCE DEPOSIT				
DATE NOV 9 18 VACANT BUILDING ADDRESS SE MANY AND AVE E DEPOSITOR'S NAME Ahmad Al-Haurey CAEN Market DEPOSITOR'S ADDRESS 770 Lique Trail Medina MN 55340 CITY Medina STATE MN ZIP CODE 55340 DAYTIME PHONE 763 439-9611 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 Ahmad Al-Hawayy Address 770 Lilium Trail CITY Malina STATE MN ZIP 55340 Check #				
T970 #50 06.60				
IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:				
American Express Discover MasterCard Visa				
Expiration Date: Account Number: Amount: \$				



Fax, Or Personal Delivery, Only.

Enter Account Number ▶ ▶

Signature of Cardholder (required for all charges):

☐ AMEX ☐ Discover ☐ MasterCard ☐ Visa

CITY OF SAINT PAUL - DEPARTMENT OF SAFETY AND INSPECTIONS 375 Jackson Street, Suite 220

Saint Paul, MN 55101-1806

General Information: 651-266-8989 - Fax: 651-266-9124

Visit our web site: www.stpaul.gov/dsi

FOLDER #
(For office use only)

Owner SM H TWO Daytime Phone (763) 439-9611 H Address 770 Lilling Iver Fax () 797 City Medium State MO Zip Code 55340 865 Email Address Loon Express of MSD. Comparison will be conducted sooner if all necessary entry keys are provided on-site in a lock box. Lock Box Combination: 20153 Send report by (check one):Mail X Email Affidavit of Owner or Responsible Party I hereby certify that the above information and answers are correct and that I am the legal owner or responsible party of the premises at	100					
BUILDINGS Vacant Building Address Vacant Building (check one): Multi-Family Dwelling (Enter # of Units) Daytime Phone Mixed Residential/Commercial (Enter # of Units) Daytime Phone Address Fax The City State Mo Zip Code Mail X Email Affidavit of Owner or Responsible Party Ihereby certify that the above information and answers are correct and that I am the legal owner or responsible party of the premises at the above location. I understand that all items listed on the inspection report must be corrected within six months and, where applicable (Category III Building), a \$500.00.00 performance deposit (cash or bond) must be made before a permit will be possible to get an additional six (6) months to complete the project, it 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 not be occupied until all code deficiencies are corrected and written authorization to occupy is obtained. All structures to be inspected must be thoroughly cleaned out and sanitary, leaving no clutter and all areas must be accessible. Noncomplitance will result in the imposition of re-inspection fees. Permits + Sign-Off Category II Vacant Building Code Compliance Inspection Report -55,000 Performance Deposit (Cash or bond) -Permits + Sign Off -Perm	APPLICATION FOR R	ESIDENTIAL OF 3 UN	ITS OR MORE, COMMERCIAL, AND			
Use of Building (check one): Multi-Family Dwelling (Enter # of Units) Mixed Residential/Commercial (Enter # of Units)	MIXED CODE COMPLIANCE INSPECTION: VACANT, HAZARDOUS, & ABANDONED V V J ZUIO					
Use of Building (check one): Multi-Family Dwelling (Enter # of Units) Owner	BUILDINGS	550 My 1				
Owner MH Address FTO LIMM IVAL Pax Pax () 79.7 City Med W State M Zip Code 553 () 86.5 Email Address Content of the Interest of Compliance Tour Inspection will be conducted soone if all necessary entry keys are provided on-site in a lock box. Score of the Interest of Code Compliance Lock Box Combination: 2015 Send report by (check one): Mail X Email Affidavit of Owner or Responsible Party I hereby certify that the above information and answers are correct and that I am the legal owner or responsible party of the premises at the above location. I understand that all items listed on the inspection report must be corrected within six months and; where applicable (Category III 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 the 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 not be occupied until all code deficiencies are corrected and written authorization to occupy is obtained. All structures to be inspected must be thoroughly cleaned out and sanitary, leaving no clutter and all areas must be accessible. Noncompliance will result in the imposition of re-inspection fees. Category III Vacant Building -Code Compliance -Inspection Report -Inspectio	Vacant Building Address	ss 008 1110(vy)	and the E By Con or a Paris			
Address 770 LUMM Iva State MV Zip Code 553 () #65 Email Address 100 Express MSN Cow Your inspection will be conducted sooner if all necessary entry keys are provided on-site in a lock box. Send report by (check one): Mail X Email Affidavit of Owner or Responsible Party I hereby certify that the above information and answers are correct and that I am the legal owner or responsible party of the premises at the above location. I understand that all items listed on the inspection report must be corrected within six months and; where applicable (Category III 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 the project, if work is proceeding expeditiously and is more than 50% complete or if unforessen conditions have had a significant schedule impact on the completion of work. I also understand that this property shall not be occupied until all code deficiencies are corrected and written authorization to occupy is obtained. All structures to be inspected must be thoroughly cleaned out and sanitary, leaving no clutter and all areas must be accessible. Noncompliance will result in the imposition of re-inspection fees. Category II Vacant Building Category III Vacant Building Code Compliance -Inspection Report -S5,000 Performance Deposit (Cash or bond) -Permits + Sign-Off Certificate of Occupancy or Certificate of Occupancy or Certificate of Code Compliance Certificate of Code Compliance Compliance Certificate of Code Compliance Compliance All structures to be inspected must be thoroughly cleaned out and sanitary, leaving no clutter and all areas must be accessible. Noncompliance will result in the imposition of re-inspection fees. Residential 1 unit						
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	Make Checks Payable To The	City Of Saint Paul Or If Paving 1	By Credit Card You May Not Email This Form, Submit Via Mail			

Security Code ▶

Amount \$

Expiration
Month/Year ▶