



Fire Inspection Report

City of Saint Paul

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

Owner Name _____
Owner Address _____
City State Zip _____
Owner Phone _____

License _____
Complaint _____
C of O _____
Date _____

Building Address: _____

You are hereby notified to remedy the conditions stated below immediately. A reinspection will be made after the reinspection date stated below. If you consider any of these code requirements to be unreasonable, you may appeal to the Legislative Hearing Officer. Applications for appeals may be obtained at the City Clerk's Office, 310 City Hall, phone: 651-266-8585, within 10 days of the date of the original orders.

Code	Conditions to be Corrected

Owner or Representative Signature _____

Occupancy Type _____ Inspector Signature ADRIAN NEALS

CFO Key _____ Reinspection Date _____ Time _____

**** For further information on this report, contact the Fire Inspection Division at 651-266-8989 ****