



### PROPERTY INFORMATION

Rental Dwelling Address \_\_\_\_\_

Initial Application  -or- Year Built \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_  
 Renewal Application  (check one) Unit 1 \_\_\_\_\_ Unit 2 \_\_\_\_\_

Type of Dwelling (check one)  Single Family  Duplex  Townhome  Mixed-Use (# Units \_\_\_\_\_)

### OWNER INFORMATION

Dwelling Owner \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### AGENT / CARETAKER / PROPERTY MANAGER INFORMATION

*\*Complete this section only if different from above*

Agent / Caretaker / Manager / Management Company (circle one) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Important Notice: Rental Agent Required:

No rental license shall be issued or renewed unless the owner designates in writing an agent who resides in any of the following Minnesota counties: Hennepin, Ramsey, Anoka, Carver, Dakota, Scott or Washington; or Wisconsin counties: Polk, St. Croix and Pierce. (see code section 155.01 (C) for complete details.)

### CURRENT TENANT INFORMATION

Unit	Name	Phone Number

### REGISTRATION AND FEES

#### REGISTRATION FEES

\*INCLUDE PAYMENT WITH APPLICATION

- SINGLE FAMILY INITIAL: \$150     SINGLE FAMILY RENEWAL: \$100  
 DUPLEX INITIAL: \$ 200         DUPLEX RENEWAL: \$150

You are exempt from licensing this property if (check appropriate box):

- This property is occupied by the property owner (does not apply to duplexes where owner occupies one unit).
- This property is occupied by a relative (parent, stepparent, child, stepchild, grandparent, grandchild, brother, sister, uncle, aunt, nephew, or niece, by blood or marriage) of the property owner.

If occupied by a relative, please provide the following **optional** information:

Name of Relative \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_ Unit # \_\_\_\_\_

If applicable, fees **may be billed** to the property owner after initial application for:

- No Entry Fee - billed for missed / non-rescheduled inspection appointments.
- Re-inspection – billed per inspection after the 2<sup>nd</sup> inspection.
- Late Fees

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**ACKNOWLEDGEMENT AND SIGNATURE**

The undersigned property owner or agent of the property owner affirms that this rental dwelling is equipped with adequate, operable smoke and carbon monoxide detection devices designed and placed to alert the occupants of this building in case of fire or carbon monoxide. In the act of filing this application with the City of North St. Paul, the owner or agent of the rental unit(s) agrees to permit inspections.

**WARNING**

You are hereby warned that this application will require you to supply to the City personal data about yourself. This data will be used by the City staff and City Council to determine whether or not you should receive the license applied for. You have a right to refuse to supply the data asked for, however, your application will **NOT** be processed without all the questions being answered. Pursuant to Minnesota Statutes, Chapter 13, all data supplied in the license application and the investigative data obtained by agents of the City in processing this application will be public data. **PUBLIC DATA** is available to anyone who requests it. You are also warned to seek legal counsel of your own choice to review this **WARNING** so that you can understand the full consequences of your answering the questions on the application.

*Signature of Owner or Agent*

*Date*

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**CHANGE OF OWNERSHIP**

*\*Complete this section only if you have sold the property*

**BUYER INFORMATION**

Dwelling Owner		E-Mail Address	
Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	

**AGENT / CARETAKER / PROPERTY MANAGER INFORMATION**

*\*Complete this section only if different from above*

Agent / Caretaker / Manager / Management Company (circle one)			
Address	City	State	Zip Code
Contact	Office Phone	Cell Phone	

**Mail completed application and any applicable forms with check or money order made payable to:**

City of North St. Paul  
Attention: Fire Department  
2400 Margaret Street N  
North St. Paul, MN 55109  
[nspfd@northstpaul.org](mailto:nspfd@northstpaul.org)  
[www.northstpaul.org](http://www.northstpaul.org)

**\*\*ACTION REQUIRED\*\***

Zone # _____	<b><u>2-Year Inspection</u></b>	<b><u>Heat Test</u></b>		
	_____ Required	_____ Required - 4 yrs		
	_____ Not Required	_____ Not Required – Last Test Date	/	/