Print Form

CODE COMPLIANCE APPLICATION

PROPERTY ADDRESS: _____

Applicant (print full name)_____ as the Owner or Agent/Representative

for the Owner/Seller (print owner/seller name) _____ of the building described above, hereby requests the required code compliance inspection for above building.

I agree to make arrangements with Regulatory Services to have a CCS inspection team make a physical inspection of the building and to provide access to all areas of the building including attic and basement areas as well as the garage(s) or the accessory buildings if applicable. I am also responsible for making sure the property has been completely cleaned out and free of any furniture, clothing, personal belongings, food stuffs, human waste, animal and/or bird feces/droppings and anything else that may be unsanitary or hazardous and that may prevent a proper and thorough inspection. If at the date and time of the inspection, the property cannot be inspected or accessed due to any of the above conditions or due to a missing, faulty, or non-accessible lockbox, incorrect code given or the Agent/Representative not being there to allow access, a re-inspection fee for each inspector shall be charged and must be paid prior to rescheduling inspection. The re-inspection fee will be charged based on the current directors' fee schedule for each inspector attending the inspection. All cancellations must be made 48 hours in advance. Cancellations less than 48 hours in advance will be charged a re-inspection fee.

I am fully aware that this property cannot be offered for sale in any way without the code compliance inspection report. It is the responsibility of the owner/seller or agent of the owner to provide and make available a complete copy of the code compliance work orders when offering this property for sale. 248.20(b) Non-compliance with the Ordinance can result in the matter being referred to the Real Estate Ethics Board, Civil Actions and/or MN Dept of Commerce.

OCCUPANCY OF THIS PROPERTY IS NOT ALLOWED UNTIL ALL WORK ORDERS HAVE BEEN COMPLETED, INSPECTED AND APPROVED WITH A CERTIFICATE OF CODE COMPLIANCE ISSUED. _____ (applicant must initial)

ADDRESS OF APPLICANT CITY STATE ZIP CODE

APPLICANT SIGNATURE PHONE NUMBER DATE

EMAIL ADDRESS LOCK BOX CODE AND LOCATION FOR ACCESS (IF APPLICABLE)

SINGLE FAMILY_____ DUPLEX_____ MULTI-UNIT_____(how many ?)

Please complete the application and return it by mail with a check payable to: Minneapolis Finance Department. Mail completed application and fee to Construction Code Services, Attn: Code Compliance Program, 250 South 4th Street, Rm 300 Minneapolis, MN 55415. For more information call 612-673-5805 or email ccs.certificate@ci.minneapolis.mn.us

OFFICE USE ONLY

DATE	TIME	MEET/LOCKBOX