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 Fire Technician  
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**Vadnais Heights Fire Department**  
 3595 Arcade Street  
 Vadnais Heights, MN 55127

**Matt Montain**  
 Fire Technician  
 651.204.6038 Phone  
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## Business – Fire Certificate of Occupancy Application

| Business Information   |
|------------------------|
| Business Name:         |
| Business Address:      |
| Business Phone Number: |
| Contact Person:        |
| Email:                 |

| Building Owner Information |
|----------------------------|
| Name:                      |
| Address:                   |
| Phone Number:              |
| Email:                     |

| Property Manager Information (If applicable) |
|--|
| Property Manager Name:                       |
| Address:                                     |
| Phone Number:                                |
| Email:                                       |

| Emergency Contact/Key Holder Information |           |
|--|-----------|
| Name:                                    | Title:    |
| Primary Phone:                           | Location: |
| Alternate Phone:                         | Email:    |
|  |           |
| Name:                                    | Title:    |
| Primary Phone:                           | Location: |
| Alternate Phone:                         | Email:    |

| Facility/Business Information                     |                        |
|---|------------------------|
| Size (square footage):                            | Number of Structures:  |
| Number of Employees:                              | Number of Work Shifts: |
| Business Hours:                                   |                        |
| Any Known Hazards/Hazardous Materials (Quantity): |                        |
|   |                        |
|   |                        |
|   |                        |

Please return completed form to [Lori.Peltier@cityvadnaisheights.com](mailto:Lori.Peltier@cityvadnaisheights.com)  
 Fax 651-204-6142