



**Fire Certificate of Occupancy
Fee Invoice**

Check this box if making any name or mailing address corrections.

CITY OF SAINT PAUL
 Department of Safety and Inspections
 375 Jackson Street, Suite 220
 Saint Paul, MN 55101-1806
PHONE: (651) 266-8989
FAX: (651) 266-9124
 An Equal Opportunity Employer

AHTI A HUJANEN
 920 LINCOLN AVE
 SAINT PAUL MN 55105-3148

Bill Date: March 29, 2012
 Customer #: 1336329

Amount Due: \$1,152.00
 Due Date: April 29, 2012

**** Late fees will be charged if not paid by due date ****

Property Address:
971 CASE AVE

Ref. # 107767
Folder RSN: 1533515

Date	Type of Fee	Amount
August 18, 2009	CO Residential 1 & 2 Units Initial Fee	\$128.00
August 10, 2010	CO Residential 1&2 Unit Reinspection Fee	\$64.00
September 22, 2010	CO Residential 1&2 Unit Reinspection Fee	\$64.00
November 12, 2010	CO Residential 1&2 Unit Reinspection Fee	\$64.00
December 22, 2010	CO Residential 1&2 Unit Reinspection Fee	\$64.00
January 12, 2011	CO Residential 1&2 Unit Reinspection Fee	\$64.00
February 1, 2011	CO Residential 1&2 Unit Reinspection Fee	\$64.00
February 24, 2011	CO Residential 1&2 Unit Reinspection Fee	\$64.00
March 18, 2011	CO Residential 1&2 Unit Reinspection Fee	\$64.00
March 31, 2011	CO Residential 1&2 Unit Reinspection Fee	\$64.00
October 31, 2011	CO Residential 1&2 Unit Reinspection Fee	\$64.00
November 29, 2011	CO Residential 1&2 Unit Reinspection Fee	\$64.00
December 19, 2011	CO Residential 1&2 Unit Reinspection Fee	\$64.00
December 28, 2011	CO Residential 1&2 Unit Reinspection Fee	\$64.00
Mail to: Billing	CO Residential 1&2 Unit Reinspection Fee	\$64.00
Saint Paul Fire Inspection	CO Residential 1&2 Unit Reinspection Fee	\$64.00
375 Jackson Street, Suite 220	CO Residential 1&2 Unit Reinspection Fee	\$64.00
St. Paul, MN 55102-1806	CO Residential 1&2 Unit Reinspection Fee	\$64.00

Make Checks Payable to: City of St. Paul
 ** Return this document with payment **

PAY THIS AMOUNT: \$1,152.00

Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$1,152.00

Customer #: 1336329 Ref. #: 107767 Folder RSN : 1533515

<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Expiration Date: Month / Year				
Enter Account Number								