



# Fire Certificate of Occupancy Fee Invoice

**\*\* FINAL NOTICE \*\***

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

WILLIAM E WILSON  
254 GOODRICH AVE  
ST PAUL MN 55102-2718

Bill Date: January 24, 2014  
Customer #: 1184051  
Amount Due: \$255.00  
Due Date: February 8, 2014

**\*\* You were sent a Fire Inspection Fee Invoice and payment has not been received. \*\***  
Payment must be received in this office no later than February 8, 2014 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

**Property Address:**  
801 ARMSTRONG AVE

**Ref. # 112025**  
**Folder RSN: 3408786**

Date	Type of Fee	Amount
December 13, 2013	CO Residential 1 & 2 Units Initial Fee	\$170.00
December 23, 2013	CO Residential 1&2 Unit Reinspection Fee	\$85.00

**PAY THIS AMOUNT: \$255.00**

**Mail to: Billing**  
375 Jackson St, Suite 220  
Saint Paul Fire Inspection  
Saint Paul, MN 55102-1806

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



**Signature of Cardholder (required for all charges):** \_\_\_\_\_

**IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$255.00**

Customer #: 1184051

Ref. #: 112025

Folder RSN : 3408786

<input type="checkbox"/> Amex	<input type="checkbox"/> MasterCard			Expiration Date: Month / Year					
<input type="checkbox"/> Discover	<input type="checkbox"/> Visa	4 Digit Verification Number	3 Digit Verification Number						
Enter Account Number		Security Code:							