



**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

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

Bill Date: December 25, 2013  
 Customer #: 1184051

Amount Due: \$255.00  
 Due Date: January 25, 2014

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

**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  
 Saint Paul Fire Inspection  
 375 Jackson Street, Suite 220  
 St. Paul, MN 55102-1806

Make Checks Payable to: City of St. Paul  
**\*\* Return this document with 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	Security Code:						
Enter Account Number								