



**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

EOD ENTERPRISES LLC
 506 LEXINGTON PKWY N
 ST PAUL MN 55104

Bill Date: November 18, 2010
 Customer #: 1204287
 Amount Due: \$255.00
 Due Date: December 3, 2010

**** You were sent a Fire Inspection Fee Invoice and payment has not been received. ****
Payment must be received in this office no later than December 3, 2010 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
1923 IVY AVE E

Ref. # 103760
Folder RSN: 1393144

Date	Type of Fee	Amount
July 28, 2010	CO Residential 1 & 2 Units Initial Fee	\$170.00
October 18, 2010	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 #: 1204287 Ref. #: 103760 Folder RSN : 1393144

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



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BLAINE HEBERT
PO BOX 40528
ST PAUL MN 55104

Bill Date: November 18, 2010
Customer #: 1053564
Amount Due: \$180.00
Due Date: December 3, 2010

**** You were sent a Fire Inspection Fee Invoice and payment has not been received. ****
Payment must be received in this office no later than December 3, 2010 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
475 COMO AVE

Ref. # 45111
Folder RSN: 1419413

Date	Type of Fee	Amount
September 14, 2010	CO Commercial Initial Fee	\$180.00

PAY THIS AMOUNT: \$180.00

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: \$180.00

Customer #: 1053564 Ref. #: 45111 Folder RSN : 1419413

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



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Thomas Dunn
323 Maple Island Rd
Burnsville MN 55307

Bill Date: November 18, 2010
Customer #: 823215
Amount Due: \$240.00
Due Date: December 3, 2010

**** You were sent a Fire Inspection Fee Invoice and payment has not been received. ****
Payment must be received in this office no later than December 3, 2010 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
1922 UNIVERSITY AVE W

Ref. # 111781
Folder RSN: 1618707

Date	Type of Fee	Amount
August 4, 2010	CO Commercial Initial Fee	\$180.00
October 1, 2010	CO Commercial No Entry Penalty Fee	\$60.00

PAY THIS AMOUNT: \$240.00

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
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Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$240.00

Customer #: 823215

Ref. #: 111781

Folder RSN : 1618707

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



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BLAINE HERBERT
PO BOX 40528
ST PAUL MN 55104

Bill Date: November 18, 2010
Customer #: 1283736
Amount Due: \$270.00
Due Date: December 3, 2010

**** You were sent a Fire Inspection Fee Invoice and payment has not been received. ****
Payment must be received in this office no later than December 3, 2010 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
463 COMO AVE

Ref. # 42065
Folder RSN: 1402712

Date	Type of Fee	Amount
July 13, 2010	CO Commercial Initial Fee	\$180.00
October 18, 2010	CO Commercial Reinspection Fee	\$90.00

PAY THIS AMOUNT: \$270.00

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: \$270.00

Customer #: 1283736 Ref. #: 42065 Folder RSN : 1402712

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



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KRAWCZEWSKI FAMILY LMTD PTRN
 44 ACKER ST E
 SAINT PAUL MN 55117

Bill Date: November 18, 2010
 Customer #: 768659
 Amount Due: \$360.00
 Due Date: December 3, 2010

**** You were sent a Fire Inspection Fee Invoice and payment has not been received. ****
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Property Address:
18 ACKER ST E

Ref. # 10090
Folder RSN: 1727437

Date	Type of Fee	Amount
June 4, 2010	CO Commercial Initial Fee	\$180.00
August 5, 2010	CO Commercial Reinspection Fee	\$90.00
October 18, 2010	CO Commercial Reinspection Fee	\$90.00

PAY THIS AMOUNT: \$360.00

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
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Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$360.00

Customer #: 768659 Ref. #: 10090 Folder RSN : 1727437

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