



Fire Certificate of Occupancy

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

**** FINAL NOTICE ****

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

JESUS CERVANTES
 1282 WINSLOW AVENUE
 WEST ST PAUL MN 55118

Bill Date: April 18, 2019
 Customer #: 939359
 Amount Due: \$921.00
 Due Date: May 3, 2019

**** You were sent a Fire Inspection Fee Invoice and payment has not been received. **
 Payment must be received in this office no later than May 3, 2019 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.**

Property Address:
627 OAKDALE AVE

Ref.# 106894
Folder RSN: 4398296

| Date | Type of Fee | Bill # | Amount |
|-------------------|---|---------|----------|
| June 15, 2018 | CO Residential 1 & 2 Units Initial Fee | 1426216 | \$242.00 |
| August 17, 2018 | CO Residential 1&2 Units No Entry Penalty Fee | 1426216 | \$74.00 |
| October 4, 2018 | CO Residential 1&2 Unit Reinspection Fee | 1426216 | \$121.00 |
| November 9, 2018 | CO Residential 1&2 Unit Reinspection Fee | 1426216 | \$121.00 |
| December 12, 2018 | CO Residential 1&2 Unit Reinspection Fee | 1426216 | \$121.00 |
| February 21, 2019 | CO Residential 1&2 Unit Reinspection Fee | 1426216 | \$121.00 |
| March 15, 2019 | CO Residential 1&2 Unit Reinspection Fee | 1426216 | \$121.00 |

PAY THIS AMOUNT: \$921.00

You can pay this invoice online by going to **online.stpaul.gov** and selecting the **'Make a Payment'** option. You will need your customer number and bill number to process a payment - both can be found on this invoice.

Mail to: Billing
 Saint Paul Fire Inspection
 375 Jackson Street, Suite 220
 St. Paul, MN 55101-1806

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: \$921.00

Customer #: 939359

Ref. #: 106894

Folder RSN : 4398296

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|--|---|--|----------------------------------|--|--|--|--|--|
| <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Visa |   | | Expiration Date: Month / Year | | | | | |
| | Security Code | | | | | | | |
| Enter Account Number | | | | | | | | |