



**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

Paulett E Gartner  
 1791 York Ave  
 St Paul MN 55119-3409

Bill Date: March 14, 2013  
 Customer #: 951400  
 Amount Due: \$500.00  
 Due Date: March 29, 2013

**\*\* You were sent a Fire Inspection Fee Invoice and payment has not been received. \*\***  
**Payment must be received in this office no later than March 29, 2013 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.**

**Property Address:**  
**860 LAWSON AVE E**

**Ref. # 109321**  
**Folder RSN: 3175778**

Date	Type of Fee	Amount
February 13, 2013	CO Residential 1 & 2 Units Initial Fee	\$200.00
February 13, 2013	CO Residential 1&2 Unit Reinspection Fee	\$100.00
February 13, 2013	CO Residential 1&2 Unit Reinspection Fee	\$100.00
February 13, 2013	CO Residential 1&2 Unit Reinspection Fee	\$100.00

**PAY THIS AMOUNT: \$500.00**

**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: \$500.00**

**Customer #: 951400      Ref. #: 109321      Folder RSN : 3175778**

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