



# 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

JIM DAVIDSON STOCKSHIP, INC.  
506 KENNY ROAD  
SAINT PAUL MN 55101

Bill Date: July 10, 2013  
Customer #: 769006  
Amount Due: \$421.40  
Due Date: July 25, 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 July 25, 2013 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

**Property Address:**  
**506 KENNY ROAD**

**Ref. # 12288**  
**Folder RSN: 2245997**

| Date          | Type of Fee               | Amount   |
|---------------|---------------------------|----------|
| June 20, 2013 | CO Commercial Initial Fee | \$421.40 |

**PAY THIS AMOUNT: \$421.40**

**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: \$421.40**

**Customer #: 769006**

**Ref. #: 12288**

**Folder RSN : 2245997**

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