



**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

EQUITY OPTIONS  
 3346 HENNEPIN AVE SUITE 201  
 MINNEAPOLIS MN 55408

Bill Date: April 22, 2014  
 Customer #: 936699

Amount Due: \$170.00  
 Due Date: May 22, 2014

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

**Property Address:**  
**1497 MARGARET ST**

**Ref. # 101962**  
**Folder RSN: 1734735**

Date	Type of Fee	Amount
March 14, 2014	CO Residential 1 & 2 Units Initial Fee	\$170.00

**PAY THIS AMOUNT: \$170.00**

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: \$170.00

Customer #: 936699 Ref. #: 101962 Folder RSN : 1734735

<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								