



**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

LAUREL MARCH  
 PO BOX 603  
 BIWABIK MN

Bill Date: November 8, 2011  
 Customer #: 753547

Amount Due: \$680.00  
 Due Date: December 8, 2011

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

**Property Address:**  
**1402 PORTLAND AVE**

**Ref. # 14443**  
**Folder RSN: 1157498**

Date	Type of Fee	Amount
April 13, 2011	CO Residential 3+ Units Initial Fee	\$272.00
August 9, 2011	CO Residential 3+ Units Reinspection Fee	\$136.00
October 3, 2011	CO Residential 3+ Units Reinspection Fee	\$136.00
November 7, 2011	CO Residential 3+ Units Reinspection Fee	\$136.00

**PAY THIS AMOUNT: \$680.00**

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: \$680.00

Customer #: 753547 Ref. #: 14443 Folder RSN : 1157498

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