



# 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

FRED POMEROY POMEROY ANIMAL HOSPITAL  
185 7TH ST E  
SAINT PAUL MN 55101

Bill Date: October 25, 2010  
Customer #: 771747

Amount Due: \$180.00  
Due Date: November 25, 2010

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

**Property Address:**  
**185 7TH ST E**

**Ref. # 13325**  
**Folder RSN: 1481858**

Date	Type of Fee	Amount
September 21, 2010	CO Commercial Initial Fee	\$180.00

**PAY THIS AMOUNT: \$180.00**

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: \$180.00**

**Customer #: 771747 Ref. #: 13325 Folder RSN : 1481858**

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



# 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

JOSE ACEBDVO  
825 7TH ST E  
ST PAUL MN 55106

Bill Date: October 25, 2010  
Customer #: 982524

Amount Due: \$270.00  
Due Date: November 25, 2010

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

**Property Address:**  
**825 7TH ST E**

**Ref. # 16667**  
**Folder RSN: 1559983**

Date	Type of Fee	Amount
May 25, 2010	CO Commercial Initial Fee	\$180.00
October 22, 2010	CO Commercial Reinspection Fee	\$90.00

**PAY THIS AMOUNT: \$270.00**

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: \$270.00**

**Customer #: 982524**

**Ref. #: 16667**

**Folder RSN : 1559983**

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



**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

LESLIE A CUDWORTH  
796 BRONX RIVER RD #B27  
BRONXVILLE NY 10708-7937

Bill Date: October 25, 2010  
Customer #: 1291518

Amount Due: \$170.00  
Due Date: November 25, 2010

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

**Property Address:**  
**135 ANNAPOLIS ST E**

**Ref. # 115980**  
**Folder RSN: 3003387**

<b>Date</b>	<b>Type of Fee</b>	<b>Amount</b>
October 22, 2010	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 #: 1291518**

**Ref. #: 115980**

**Folder RSN : 3003387**

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



# 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

JOHN MUDEK  
607 BARGE CHANNEL ROAD  
SAINT PAUL MN 55107

Bill Date: October 25, 2010  
Customer #: 757469

Amount Due: \$180.00  
Due Date: November 25, 2010

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

**Property Address:**  
**607 BARGE CHANNEL ROAD**

**Ref. # 47248**  
**Folder RSN: 1429986**

Date	Type of Fee	Amount
September 22, 2010	CO Commercial Initial Fee	\$180.00

**PAY THIS AMOUNT: \$180.00**

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: \$180.00**

**Customer #: 757469**

**Ref. #: 47248**

**Folder RSN : 1429986**

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



# 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

HOLLY VANG  
10715 JOHNSON ST NE  
BLAINE MN 55434-3765

Bill Date: October 25, 2010  
Customer #: 1198965

Amount Due: \$738.00  
Due Date: November 25, 2010

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

**Property Address:**  
**1120 BEECH ST**

**Ref. # 105369**  
**Folder RSN: 2426144**

Date	Type of Fee	Amount
April 25, 2007	Fire Re-inspection Fee	\$78.00
May 7, 2010	CO Residential 1 & 2 Units Initial Fee	\$200.00
May 7, 2010	CO Residential 1&2 Units No Entry Penalty Fee	\$60.00
July 28, 2010	CO Residential 1&2 Unit Reinspection Fee	\$100.00
August 3, 2010	CO Residential 1&2 Unit Reinspection Fee	\$100.00
August 13, 2010	CO Residential 1&2 Unit Reinspection Fee	\$100.00
October 22, 2010	CO Residential 1&2 Unit Reinspection Fee	\$100.00

**PAY THIS AMOUNT: \$738.00**

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: \$738.00**

**Customer #: 1198965**

**Ref. #: 105369**

**Folder RSN : 2426144**

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



# 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

M B J DEVELOPMENT CORP  
1905 STEVENS AVE S. APT. B  
MINNEAPOLIS MN 55403-3871

Bill Date: October 25, 2010  
Customer #: 952441

Amount Due: \$200.00  
Due Date: November 25, 2010

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

**Property Address:**  
**2207 BLAKE AVE**

**Ref. # 107938**  
**Folder RSN: 1506091**

Date	Type of Fee	Amount
September 30, 2010	CO Residential 1 & 2 Units Initial Fee	\$200.00

**PAY THIS AMOUNT: \$200.00**

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: \$200.00**

**Customer #: 952441**

**Ref. #: 107938**

**Folder RSN : 1506091**

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



# 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

CHEE XIONG YING VANG  
2153 BEECH ST  
ST PAUL MN 55119

Bill Date: October 25, 2010  
Customer #: 947401

Amount Due: \$300.00  
Due Date: November 25, 2010

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

**Property Address:**  
**1048 BURR ST**

**Ref. # 107850**  
**Folder RSN: 1397234**

Date	Type of Fee	Amount
June 24, 2010	CO Residential 1 & 2 Units Initial Fee	\$200.00
October 22, 2010	CO Residential 1&2 Unit Reinspection Fee	\$100.00

**PAY THIS AMOUNT: \$300.00**

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: \$300.00**

**Customer #: 947401**

**Ref. #: 107850**

**Folder RSN : 1397234**

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



**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

JAVIER CORTES GARCIA  
4420 DENTON WAY  
INVER GROVE MN 55076-3432

Bill Date: October 25, 2010  
Customer #: 1007312

Amount Due: \$400.00  
Due Date: November 25, 2010

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

**Property Address:**  
**529 CASE AVE**

**Ref. # 107877**  
**Folder RSN: 1397261**

Date	Type of Fee	Amount
June 17, 2010	CO Residential 1 & 2 Units Initial Fee	\$200.00
September 10, 2010	CO Residential 1&2 Unit Reinspection Fee	\$100.00
October 22, 2010	CO Residential 1&2 Unit Reinspection Fee	\$100.00

**PAY THIS AMOUNT: \$400.00**

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: \$400.00**

**Customer #: 1007312**

**Ref. #: 107877**

**Folder RSN : 1397261**

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





**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

YER YANG  
600 MARNIE ST  
MAPLEWOOD MN 55119-6758

Bill Date: October 25, 2010  
Customer #: 1184121

Amount Due: \$180.00  
Due Date: November 25, 2010

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

**Property Address:**  
**455 COMO AVE**

**Ref. # 112044**  
**Folder RSN: 1648634**

<b>Date</b>	<b>Type of Fee</b>	<b>Amount</b>
October 22, 2010	CO Commercial Initial Fee	\$180.00

**PAY THIS AMOUNT: \$180.00**

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: \$180.00**

**Customer #: 1184121**

**Ref. #: 112044**

**Folder RSN : 1648634**

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



# 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

BETTY LOU AUTHIER PUBLIC HOUSING AGENCY  
200 ARCH ST E  
ST PAUL MN 55130-4347

Bill Date: October 25, 2010  
Customer #: 1170656

Amount Due: \$200.00  
Due Date: November 25, 2010

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

**Property Address:**  
**71 CURTICE ST E**

**Ref. # 111564**  
**Folder RSN: 1728724**

Date	Type of Fee	Amount
August 18, 2010	CO Residential 1 & 2 Units Initial Fee	\$200.00

**PAY THIS AMOUNT: \$200.00**

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: \$200.00**

**Customer #: 1170656**

**Ref. #: 111564**

**Folder RSN : 1728724**

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



# 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

BETTY LOU AUTHIER PUBLIC HOUSING AGENCY  
200 ARCH ST E  
ST PAUL MN 55130-4347

Bill Date: October 25, 2010  
Customer #: 1170656

Amount Due: \$200.00  
Due Date: November 25, 2010

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

**Property Address:**  
**74 CURTICE ST E**

**Ref. # 111569**  
**Folder RSN: 1601329**

Date	Type of Fee	Amount
August 18, 2010	CO Residential 1 & 2 Units Initial Fee	\$200.00

**PAY THIS AMOUNT: \$200.00**

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: \$200.00**

**Customer #: 1170656**

**Ref. #: 111569**

**Folder RSN : 1601329**

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



# 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

BETTY LOU AUTHIER PUBLIC HOUSING AGENCY  
200 ARCH ST E  
ST PAUL MN 55130-4347

Bill Date: October 25, 2010  
Customer #: 1170656

Amount Due: \$200.00  
Due Date: November 25, 2010

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

**Property Address:**  
**75 CURTICE ST E**

**Ref. # 111566**  
**Folder RSN: 1601323**

Date	Type of Fee	Amount
August 18, 2010	CO Residential 1 & 2 Units Initial Fee	\$200.00

**PAY THIS AMOUNT: \$200.00**

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: \$200.00**

**Customer #: 1170656**

**Ref. #: 111566**

**Folder RSN : 1601323**

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



**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

BETTY LOU AUTHIER PUBLIC HOUSING AGENCY  
200 ARCH ST E  
ST PAUL MN 55130-4347

Bill Date: October 25, 2010  
Customer #: 1170656

Amount Due: \$200.00  
Due Date: November 25, 2010

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

**Property Address:**  
**79 CURTICE ST E**

**Ref. # 111568**  
**Folder RSN: 1601325**

<b>Date</b>	<b>Type of Fee</b>	<b>Amount</b>
August 18, 2010	CO Residential 1 & 2 Units Initial Fee	\$200.00

**PAY THIS AMOUNT: \$200.00**

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: \$200.00**

**Customer #: 1170656**

**Ref. #: 111568**

**Folder RSN : 1601325**

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



**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

PETER P NGUYEN  
1300 LAFOND AVE  
ST PAUL MN 55104-2034

Bill Date: October 25, 2010  
Customer #: 946547

Amount Due: \$180.00  
Due Date: November 25, 2010

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

**Property Address:**  
**867 DALE ST N**

**Ref. # 14245**  
**Folder RSN: 1760480**

<b>Date</b>	<b>Type of Fee</b>	<b>Amount</b>
September 17, 2010	CO Commercial Initial Fee	\$180.00

**PAY THIS AMOUNT: \$180.00**

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: \$180.00**

**Customer #: 946547 Ref. #: 14245 Folder RSN : 1760480**

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



**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

GEORGE T DEUTH JACQUELINE DEUTH  
1878 70TH ST W  
INVER GROVE HEIGHTS MN 55077-2228

Bill Date: October 25, 2010  
Customer #: 938044

Amount Due: \$170.00  
Due Date: November 25, 2010

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

**Property Address:**  
**21 DOUGLAS ST**

**Ref. # 103125**  
**Folder RSN: 1636361**

<b>Date</b>	<b>Type of Fee</b>	<b>Amount</b>
August 30, 2010	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 #: 938044 Ref. #: 103125 Folder RSN : 1636361**

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



**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

THOMAS BLANCK  
213 FRONT AVE  
ST PAUL MN 55117

Bill Date: October 25, 2010  
Customer #: 933745

Amount Due: \$350.00  
Due Date: November 25, 2010

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

**Property Address:**  
**211 FRONT AVE**

**Ref. # 13483**  
**Folder RSN: 1247179**

<b>Date</b>	<b>Type of Fee</b>	<b>Amount</b>
October 19, 2010	CO Commercial Initial Fee	\$350.00

**PAY THIS AMOUNT: \$350.00**

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: \$350.00**

**Customer #: 933745**

**Ref. #: 13483**

**Folder RSN : 1247179**

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





# 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

SON NGUYEN  
11511 LAKEVIEW LANE W  
MINNETONKA MN 55305

Bill Date: October 25, 2010  
Customer #: 1009372

Amount Due: \$255.00  
Due Date: November 25, 2010

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

**Property Address:**  
**366 HOPE ST**

**Ref. # 101802**  
**Folder RSN: 1391186**

Date	Type of Fee	Amount
August 20, 2010	CO Residential 1 & 2 Units Initial Fee	\$170.00
October 22, 2010	CO Residential 1&2 Unit Reinspection Fee	\$85.00

**PAY THIS AMOUNT: \$255.00**

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: \$255.00**

**Customer #: 1009372**

**Ref. #: 101802**

**Folder RSN : 1391186**

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



**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

OLIVET CONGREGATIONAL CHURCH/BEN AWES  
1850 IGLEHART AVE  
ST. PAUL MN 55104

Bill Date: October 25, 2010  
Customer #: 768871

Amount Due: \$231.34  
Due Date: November 25, 2010

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

**Property Address:**  
**1850 IGLEHART AVE**

**Ref. # 11612**  
**Folder RSN: 1667027**

<b>Date</b>	<b>Type of Fee</b>	<b>Amount</b>
September 21, 2010	CO Commercial Initial Fee	\$231.34

**PAY THIS AMOUNT: \$231.34**

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: \$231.34**

**Customer #: 768871**

**Ref. #: 11612**

**Folder RSN : 1667027**

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



# 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

KOENIG PROPERTIES L.L.C.  
45 IVY AVE W  
ST PAUL MN 55117

Bill Date: October 25, 2010  
Customer #: 978978

Amount Due: \$252.00  
Due Date: November 25, 2010

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

**Property Address:**  
45 IVY AVE W

**Ref. # 15175**  
**Folder RSN: 1747693**

Date	Type of Fee	Amount
September 8, 2010	CO Commercial Initial Fee	\$252.00

**PAY THIS AMOUNT: \$252.00**

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: \$252.00

Customer #: 978978

Ref. #: 15175

Folder RSN : 1747693

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



# 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

BETTY LOU AUTHIER PUBLIC HOUSING AGENCY  
200 ARCH ST E  
ST PAUL MN 55130-4347

Bill Date: October 25, 2010  
Customer #: 1170656

Amount Due: \$200.00  
Due Date: November 25, 2010

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

**Property Address:**  
**759 LIVINGSTON AVE**

**Ref. # 111555**  
**Folder RSN: 1601242**

Date	Type of Fee	Amount
August 18, 2010	CO Residential 1 & 2 Units Initial Fee	\$200.00

**PAY THIS AMOUNT: \$200.00**

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: \$200.00**

**Customer #: 1170656**

**Ref. #: 111555**

**Folder RSN : 1601242**

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



**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

BETTY LOU AUTHIER PUBLIC HOUSING AGENCY  
200 ARCH ST E  
ST PAUL MN 55130-4347

Bill Date: October 25, 2010  
Customer #: 1170656

Amount Due: \$200.00  
Due Date: November 25, 2010

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

**Property Address:**  
**763 LIVINGSTON AVE**

**Ref. # 111557**  
**Folder RSN: 1601247**

<b>Date</b>	<b>Type of Fee</b>	<b>Amount</b>
August 18, 2010	CO Residential 1 & 2 Units Initial Fee	\$200.00

**PAY THIS AMOUNT: \$200.00**

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: \$200.00**

**Customer #: 1170656**

**Ref. #: 111557**

**Folder RSN : 1601247**

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



# 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

BETTY LOU AUTHIER PUBLIC HOUSING AGENCY  
200 ARCH ST E  
ST PAUL MN 55130-4347

Bill Date: October 25, 2010  
Customer #: 1170656

Amount Due: \$200.00  
Due Date: November 25, 2010

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

**Property Address:**  
**767 LIVINGSTON AVE**

**Ref. # 111558**  
**Folder RSN: 1601251**

Date	Type of Fee	Amount
August 18, 2010	CO Residential 1 & 2 Units Initial Fee	\$200.00

**PAY THIS AMOUNT: \$200.00**

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: \$200.00**

**Customer #: 1170656**

**Ref. #: 111558**

**Folder RSN : 1601251**

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



**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

DIRECTOR/MANAGER TIBETAN AMERICAN FOUNDATION  
1096 RAYMOND AVE  
ST PAUL MN 55108-1517

Bill Date: October 25, 2010  
Customer #: 1055906

Amount Due: \$180.00  
Due Date: November 25, 2010

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

**Property Address:**  
**1096 RAYMOND AVE**

**Ref. # 10474**  
**Folder RSN: 1923657**

<b>Date</b>	<b>Type of Fee</b>	<b>Amount</b>
October 22, 2010	CO Commercial Initial Fee	\$180.00

**PAY THIS AMOUNT: \$180.00**

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: \$180.00**

**Customer #: 1055906**

**Ref. #: 10474**

**Folder RSN : 1923657**

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



# 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

EDWARD J SOBANSKI/BEVERLY A SOBANSKI  
2645 GLENBROOK AVE  
OAKDALE MN 55128

Bill Date: October 25, 2010  
Customer #: 770287

Amount Due: \$380.00  
Due Date: November 25, 2010

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

**Property Address:**  
**1126 RICE ST**

**Ref. # 80048**  
**Folder RSN: 1355063**

Date	Type of Fee	Amount
August 23, 2010	CO Commercial Initial Fee	\$380.00

**PAY THIS AMOUNT: \$380.00**

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: \$380.00**

**Customer #: 770287**

**Ref. #: 80048**

**Folder RSN : 1355063**

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





**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

AMOCO CORPORATION  
542 ROBERT ST N  
ST PAUL MN 55101

Bill Date: October 25, 2010  
Customer #: 771940

Amount Due: \$180.00  
Due Date: November 25, 2010

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

**Property Address:**  
**542 ROBERT ST N**

**Ref. # 12479**  
**Folder RSN: 1883005**

<b>Date</b>	<b>Type of Fee</b>	<b>Amount</b>
October 22, 2010	CO Commercial Initial Fee	\$180.00

**PAY THIS AMOUNT: \$180.00**

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: \$180.00**

**Customer #: 771940 Ref. #: 12479 Folder RSN : 1883005**

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



**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

COMMON BOND HOUSING  
328 KELLOGG BLVD W  
ST PAUL MN 55102

Bill Date: October 25, 2010  
Customer #: 773748

Amount Due: \$236.00  
Due Date: November 25, 2010

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

**Property Address:**  
**273 SELBY AVE**

**Ref. # 11278**  
**Folder RSN: 1939995**

<b>Date</b>	<b>Type of Fee</b>	<b>Amount</b>
October 22, 2010	CO Residential 3+ Units Initial Fee	\$236.00

**PAY THIS AMOUNT: \$236.00**

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: \$236.00**

**Customer #: 773748 Ref. #: 11278 Folder RSN : 1939995**

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



**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

COMMON BOND HOUSING  
328 KELLOGG BLVD W  
ST PAUL MN 55102

Bill Date: October 25, 2010  
Customer #: 773748

Amount Due: \$236.00  
Due Date: November 25, 2010

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

**Property Address:**  
**277 SELBY AVE**

**Ref. # 11301**  
**Folder RSN: 1131940**

<b>Date</b>	<b>Type of Fee</b>	<b>Amount</b>
September 20, 2010	CO Residential 3+ Units Initial Fee	\$236.00

**PAY THIS AMOUNT: \$236.00**

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: \$236.00**

**Customer #: 773748**

**Ref. #: 11301**

**Folder RSN : 1131940**

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



# 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

JAMES SULLIVAN  
880 SELBY AVE  
ST PAUL MN 55104-6529

Bill Date: October 25, 2010  
Customer #: 1035404

Amount Due: \$180.00  
Due Date: November 25, 2010

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

**Property Address:**  
**880 SELBY AVE**

**Ref. # 14315**  
**Folder RSN: 1864717**

Date	Type of Fee	Amount
October 22, 2010	CO Commercial Initial Fee	\$180.00

**PAY THIS AMOUNT: \$180.00**

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: \$180.00**

**Customer #: 1035404**

**Ref. #: 14315**

**Folder RSN : 1864717**

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



# 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

MARCI A HUBERTY  
8819 LOGAN AVE S  
MINNEAPOLIS MN 55431-2070

Bill Date: October 25, 2010  
Customer #: 1202311

Amount Due: \$327.00  
Due Date: November 25, 2010

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

**Property Address:**  
**1441 SHERBURNE AVE**

**Ref. # 11986**  
**Folder RSN: 2337126**

Date	Type of Fee	Amount
September 29, 2010	CO Residential 3+ Units Initial Fee	\$218.00
October 22, 2010	CO Residential 3+ Units Reinspection Fee	\$109.00

**PAY THIS AMOUNT: \$327.00**

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: \$327.00**

**Customer #: 1202311**

**Ref. #: 11986**

**Folder RSN : 2337126**

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



# 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

C/O R P MANAGEMENT, INC  
1714 E HENNEPIN AVE  
MINNEAPOLIS MN 55414-2431

Bill Date: October 25, 2010  
Customer #: 952210

Amount Due: \$255.00  
Due Date: November 25, 2010

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

**Property Address:**  
**771 SIMS AVE**

**Ref. # 102436**  
**Folder RSN: 1391820**

Date	Type of Fee	Amount
July 8, 2010	CO Residential 1 & 2 Units Initial Fee	\$170.00
October 22, 2010	CO Residential 1&2 Unit Reinspection Fee	\$85.00

**PAY THIS AMOUNT: \$255.00**

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: \$255.00**

**Customer #: 952210**

**Ref. #: 102436**

**Folder RSN : 1391820**

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



# 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

COMO BC LLC ATTN: CARA FRANK  
1625 ENERGY PARK DRIVE SUITE 100  
ST PAUL MN 55108

Bill Date: October 25, 2010  
Customer #: 1284626

Amount Due: \$1,050.00  
Due Date: November 25, 2010

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

**Property Address:**  
**1085 SNELLING AVE N**

**Ref. # 15415**  
**Folder RSN: 1710147**

Date	Type of Fee	Amount
August 2, 2010	CO Commercial Initial Fee	\$663.00
October 22, 2010	Building Size Adjustment	\$37.00
October 22, 2010	CO Commercial Reinspection Fee	\$350.00

**PAY THIS AMOUNT: \$1,050.00**

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: \$1,050.00**

**Customer #: 1284626**

**Ref. #: 15415**

**Folder RSN : 1710147**

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



# 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

BLUE PLATE/LUKE SHIMP  
771 CLEVELAND AVE S  
ST PAUL MN 55116-1348

Bill Date: October 25, 2010  
Customer #: 1292323

Amount Due: \$180.00  
Due Date: November 25, 2010

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

**Property Address:**  
**1806 ST CLAIR AVE**

**Ref. # 28800**  
**Folder RSN: 1637693**

Date	Type of Fee	Amount
September 1, 2010	CO Commercial Initial Fee	\$180.00

**PAY THIS AMOUNT: \$180.00**

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: \$180.00**

**Customer #: 1292323**

**Ref. #: 28800**

**Folder RSN : 1637693**

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





# 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

NANG TRI TRAN KHANTI PROPERTIES  
P O BOX 28658  
ST PAUL MN 55128-0658

Bill Date: October 25, 2010  
Customer #: 942056

Amount Due: \$595.00  
Due Date: November 25, 2010

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

**Property Address:**  
**122 SYCAMORE ST E**

**Ref. # 103733**  
**Folder RSN: 1393117**

Date	Type of Fee	Amount
April 21, 2010	CO Residential 1 & 2 Units Initial Fee	\$170.00
June 18, 2010	CO Residential 1&2 Unit Reinspection Fee	\$85.00
July 29, 2010	CO Residential 1&2 Unit Reinspection Fee	\$85.00
September 29, 2010	CO Residential 1&2 Unit Reinspection Fee	\$85.00
September 29, 2010	CO Residential 1&2 Unit Reinspection Fee	\$85.00
October 22, 2010	CO Residential 1&2 Unit Reinspection Fee	\$85.00

**PAY THIS AMOUNT: \$595.00**

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: \$595.00**

**Customer #: 942056**

**Ref. #: 103733**

**Folder RSN : 1393117**

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



# 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

LE PHAN  
468 UNIVERSITY AVE W  
SAINT PAUL MN 55103

Bill Date: October 25, 2010  
Customer #: 773048

Amount Due: \$180.00  
Due Date: November 25, 2010

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

**Property Address:**  
**468 UNIVERSITY AVE W**

**Ref. # 14783**  
**Folder RSN: 1760478**

Date	Type of Fee	Amount
September 10, 2010	CO Commercial Initial Fee	\$180.00

**PAY THIS AMOUNT: \$180.00**

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: \$180.00**

**Customer #: 773048**

**Ref. #: 14783**

**Folder RSN : 1760478**

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



**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

ELY T ARCILLA  
789 UNIVERSITY AVE W  
ST PAUL MN 55104-4806

Bill Date: October 25, 2010  
Customer #: 230035

Amount Due: \$180.00  
Due Date: November 25, 2010

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

**Property Address:**  
**789 UNIVERSITY AVE W**

**Ref. # 16481**  
**Folder RSN: 1513699**

<b>Date</b>	<b>Type of Fee</b>	<b>Amount</b>
September 21, 2010	CO Commercial Initial Fee	\$180.00

**PAY THIS AMOUNT: \$180.00**

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: \$180.00**

**Customer #: 230035 Ref. #: 16481 Folder RSN : 1513699**

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



# 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

SHERRI HANSON CSM CORPORATION  
500 WASHINGTON AVE S SUITE 3000  
MINNEAPOLIS MN 55415

Bill Date: October 25, 2010  
Customer #: 768973

Amount Due: \$1,242.00  
Due Date: November 25, 2010

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

**Property Address:**  
**2575 UNIVERSITY AVE W**

**Ref. # 49239**  
**Folder RSN: 1429984**

Date	Type of Fee	Amount
August 4, 2010	CO Commercial Initial Fee	\$828.00
October 22, 2010	CO Commercial Reinspection Fee	\$414.00

**PAY THIS AMOUNT: \$1,242.00**

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: \$1,242.00**

**Customer #: 768973**

**Ref. #: 49239**

**Folder RSN : 1429984**

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



# 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

ANDREA HILGREN CSM CORPORATION  
500 WASHINGTON ST S SUITE 3000  
MINNEAPOLIS MN 55415

Bill Date: October 25, 2010  
Customer #: 955977

Amount Due: \$1,242.00  
Due Date: November 25, 2010

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

**Property Address:**  
**2575 UNIVERSITY AVE W**

**Ref. # 49239**  
**Folder RSN: 1429984**

Date	Type of Fee	Amount
August 4, 2010	CO Commercial Initial Fee	\$828.00
October 22, 2010	CO Commercial Reinspection Fee	\$414.00

**PAY THIS AMOUNT: \$1,242.00**

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: \$1,242.00**

**Customer #: 955977**

**Ref. #: 49239**

**Folder RSN : 1429984**

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



# 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

BETTY LOU AUTHIER PUBLIC HOUSING AGENCY  
200 ARCH ST E  
ST PAUL MN 55130-4347

Bill Date: October 25, 2010  
Customer #: 1170656

Amount Due: \$170.00  
Due Date: November 25, 2010

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

**Property Address:**  
**621 WALES ST**

**Ref. # 111582**  
**Folder RSN: 1601431**

Date	Type of Fee	Amount
August 5, 2010	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 #: 1170656**

**Ref. #: 111582**

**Folder RSN : 1601431**

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



# 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

MOMO, LLC KYLE COLBERT  
745 CRYSTAL LAKE RD E  
BURNSVILLE MN 55306-5174

Bill Date: October 25, 2010  
Customer #: 1199514

Amount Due: \$170.00  
Due Date: November 25, 2010

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

**Property Address:**  
**1294 WESTMINSTER ST**

**Ref. # 113759**  
**Folder RSN: 1733246**

Date	Type of Fee	Amount
August 19, 2010	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 #: 1199514**

**Ref. #: 113759**

**Folder RSN : 1733246**

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



# 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

BONNIE ERICKSON BONNIE ERIKSON  
37 COMO AVE  
ST PAUL MN 55103

Bill Date: October 25, 2010  
Customer #: 971700

Amount Due: \$227.00  
Due Date: November 25, 2010

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

**Property Address:**  
**46 WINTER ST**

**Ref. # 12502**  
**Folder RSN: 1339566**

Date	Type of Fee	Amount
August 25, 2010	CO Residential 3+ Units Initial Fee	\$227.00

**PAY THIS AMOUNT: \$227.00**

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: \$227.00**

**Customer #: 971700**

**Ref. #: 12502**

**Folder RSN : 1339566**

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





**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

JULIE A BEKELE STEPHEN A SMITH  
232 HUNTER ST  
BATTLE CREEK MI 49017-4627

Bill Date: October 25, 2010  
Customer #: 1278291

Amount Due: \$170.00  
Due Date: November 25, 2010

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

**Property Address:**  
**336 WYOMING ST W**

**Ref. # 115414**  
**Folder RSN: 2437398**

<b>Date</b>	<b>Type of Fee</b>	<b>Amount</b>
October 22, 2010	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 #: 1278291**

**Ref. #: 115414**

**Folder RSN : 2437398**

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