



**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

RC ENTERPRISES LLC  
 275 4TH ST. E. SUITE 720  
 ST PAUL MN 55101-1907

Bill Date: November 15, 2013  
 Customer #: 1402896

Amount Due: \$200.00  
 Due Date: December 15, 2013

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

**Property Address:**  
 1643 5TH ST E

**Ref. # 108024**  
**Folder RSN: 3030779**

Date	Type of Fee	Amount
November 13, 2013	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 #: 1402896 Ref. #: 108024 Folder RSN : 3030779

<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								