



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

MR C/O COLLIN LUNDY JEFFREY BOEVERS
1525 HAZELWOOD ST
ST PAUL MN 55106

Bill Date: March 15, 2011
Customer #: 1062065

Amount Due: \$340.00
Due Date: April 15, 2011

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

Property Address:
868 WINTHROP ST S

Ref. # 103303
Folder RSN: 1460098

| Date | Type of Fee | Amount |
|-------------------|------------------------------------------|---------------|
| August 24, 2010 | CO Residential 1 & 2 Units Initial Fee | \$170.00 |
| November 24, 2010 | CO Residential 1&2 Unit Reinspection Fee | \$85.00 |
| March 14, 2011 | CO Residential 1&2 Unit Reinspection Fee | \$85.00 |

PAY THIS AMOUNT: \$340.00

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: \$340.00

Customer #: 1062065

Ref. #: 103303

Folder RSN : 1460098

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