



**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

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