



**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

DAVID L WELLIVER AMANDA R WELLIVER  
 1159 EDMUND AVE  
 ST PAUL MN 55104-2521

Bill Date: August 18, 2011  
 Customer #: 1074778

Amount Due: \$300.00  
 Due Date: September 18, 2011

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

**Property Address:**  
**1508 MINNEHAHA AVE W**

**Ref. # 104676**  
**Folder RSN: 2236235**

Date	Type of Fee	Amount
February 23, 2011	CO Residential 1 & 2 Units Initial Fee	\$200.00
August 17, 2011	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 #: 1074778      Ref. #: 104676      Folder RSN : 2236235

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