

Fire Certificate of Occupancy

☐ 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

ABBY THEOBALD DAVID THEOBALD
1091 LAWSON AVE E
ST PAUL MN 55106-3329

Bill Date: October 22, 2014
Customer #: 1415871

Amount Due: \$300.00
Due Date: November 22, 2014

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

Property Address:
973 JESSAMINE AVE E

Ref.# 106338
Folder RSN: 3302180

Date	Type of Fee	Amount
August 22, 2014	CO Residential 1 & 2 Units Initial Fee	\$200.00
October 20, 2014	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 #: 1415871

Ref. #: 106338

Folder RSN : 3302180

<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									