



## 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
<b>PAY THIS AMOUNT:</b>		<b>\$300.00</b>

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									