

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

LPM COMPANIES LLC 963 W 7TH ST STE # 2 ST PAUL MN 55102

Bill Date: August 6, 2014 Customer #: 1392985

Amount Due: \$300.00

Due Date: September 6, 2014

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

Property Address: Ref. # 118974
752 CARROLL AVE Folder RSN: 3443325

DateType of FeeAmountJune 3, 2014CO Residential 1 & 2 Units Initial Fee\$200.00August 4, 2014CO 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 #: 1392985 Ref. #: 118974 Folder RSN: 3443325											
Amex Discover	☐ MasterCar ☐ Visa	-	ication Number 3	Digit Verification N	amber .	Expira Month	tion Date: / Year				
Enter Account Number		1		+				i			