



**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

LANSMERE CONDO ASSN ROBERT SEIGEL
 231 ARUNDEL ST APT 3
 ST PAUL MN 55102

Bill Date: April 2, 2013
 Customer #: 773651

Amount Due: \$414.00
 Due Date: May 2, 2013

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

Property Address:
231 ARUNDEL ST

Ref. # 99966
Folder RSN: 1078661

Date	Type of Fee	Amount
December 14, 2012	CO Residential 3+ Units Initial Fee	\$236.00
February 19, 2013	CO Residential 3+ Units No Entry Penalty Fee	\$60.00
March 29, 2013	CO Residential 3+ Units Reinspection Fee	\$118.00

PAY THIS AMOUNT:

\$414.00

Handwritten:
 414
 60

 354
 (Circled) \$354

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: \$414.00

Customer #: 773651

Ref. #: 99966

Folder RSN : 1078661

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



Fire Certificate of Occupancy Fee Invoice

**** FINAL NOTICE ****

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 231 ARUNDEL ST APT 3
 ST PAUL MN 55102

Bill Date: May 2, 2013
 Customer #: 773651
 Amount Due: \$414.00
 Due Date: May 17, 2013

**** You were sent a Fire Inspection Fee Invoice and payment has not been received. ****
 Payment must be received in this office no later than May 17, 2013 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
231 ARUNDEL ST

Ref. # 99966
Folder RSN: 1078661

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PAY THIS AMOUNT: \$414.00

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 375 Jackson St, Suite 220
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 Saint Paul, MN 55102-1806

Make Checks Payable to: City of St. Paul
**** Return this document with your payment ****

Signature of Cardholder (required for all charges): _____

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