



**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) 266-9090**  
**FAX: (651) 266-9124**  
 An Equal Opportunity Employer

JERRY BELL  
 1026 CENTRAL AVE W  
 ST PAUL MN 55104-4727

Bill Date: June 4, 2010  
 Customer #: 1194125

Amount Due: \$380.00  
 Due Date: July 4, 2010

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

**Property Address:**  
**996 CARROLL AVE**

**Ref. # 112647**  
**Folder RSN: 1936565**

Date	Type of Fee	Amount
November 10, 2009	CO Residential 1 & 2 Units Initial Fee	\$128.00
December 11, 2009	CO Residential 1&2 Units No Entry Penalty Fee	\$60.00
April 2, 2010	CO Residential 1&2 Unit Reinspection Fee	\$64.00
May 4, 2010	CO Residential 1&2 Unit Reinspection Fee	\$64.00
June 3, 2010	CO Residential 1&2 Unit Reinspection Fee	\$64.00

**PAY THIS AMOUNT: \$380.00**

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 \*\***

**IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$380.00**

**Customer #: 1194125 Ref. #: 112647 Folder RSN : 1936565**

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

Name of Cardholder

Signature of Cardholder(**required for all charges**)

Date