



**Fire Certificate of Occupancy  
Fee Invoice**

**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

Check this box if making any name or mailing address corrections.

AIHOA TRAN THOMAS HUYNH  
 3007 VALENTO LANE  
 LITTLE CANADA MN 55117- 5547

Bill Date: October 2, 2015  
 Customer #: 1213321

Amount Due: \$392.00  
 Due Date: November 2, 2015

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

**Property Address:**  
 1694 AMES AVE

**Ref.# 111638**  
**Folder RSN: 3391885**

Date	Type of Fee	Amount
April 24, 2015	CO Residential 1 & 2 Units Initial Fee	\$196.00
August 14, 2015	CO Residential 1&2 Unit Reinspection Fee	\$98.00
September 30, 2015	CO Residential 1&2 Unit Reinspection Fee	\$98.00

**PAY THIS AMOUNT: \$392.00**

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: \$392.00

Customer #: 1213321

Ref. #: 111638

Folder RSN : 3391885

<input type="checkbox"/> Amex	<input type="checkbox"/> MasterCard	 <small>American Express Visa, MasterCard, Discover</small> <small>4 Digit Verification Number 3 Digit Verification Number</small>	Expiration Date: Month / Year				
<input type="checkbox"/> Discover	<input type="checkbox"/> Visa			Security Code			
Enter Account Number							