SAINT PAUL

Fire Certificate of Occupancy

** FINAL NOTICE **

or mailing address corrections.

Check this box if making any name

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

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

TENG YANG 1324 WILSON AVE ST PAUL MN 55106-5552 Bill Date: August 4, 2017 Customer #: 1288020

Amount Due: \$309.00 Due Date: August 19, 2017

** You were sent a Fire Inspection Fee Invoice and payment has not been received. **
Payment must be received in this office no later than August 19, 2017 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address: 1887 LACROSSE AVE

Ref.# 115825

Folder RSN: 3587869

DateType of FeeAmountApril 7, 2017CO Residential 1 & 2 Units Initial Fee\$206.00July 3, 2017CO Residential 1 & 2 Unit Reinspection Fee\$103.00

PAY THIS AMOUNT: \$309.00

Mail to: Billing Saint Paul Fire Inspection 375 Jackson Street, Suite 220 St. Paul, MN 55101-1806 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 PLE	EASE COMPLETE THE FOLLOWING INFO	DRMATION: Pay this	Amount: \$309.00
Customer #: 1288020	Ref. #: 115825	Folder RS	N: 3587869
☐ Amex ☐ MasterCa	Area Care Separate Vita, Manager Cart, Discourse Vita, Manager Car	Expiration Date: Month / Year	
Enter Account Number			