



Fire Certificate of Occupancy

**** FINAL NOTICE ****

☐ 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

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

Date	Type of Fee	Amount
April 7, 2017	CO Residential 1 & 2 Units Initial Fee	\$206.00
July 3, 2017	CO 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 PLEASE COMPLETE THE FOLLOWING INFORMATION:

Pay this Amount: \$309.00

Customer #: 1288020

Ref. #: 115825

Folder RSN : 3587869

☐ Amex ☐ MasterCard
☐ Discover ☐ Visa



Security Code

Expiration Date:
Month / Year

Enter Account
Number