



**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

KRAWCZEWSKI FAMILY LMTD PTRN
 44 ACKER ST E
 SAINT PAUL MN 55117

Bill Date: October 19, 2010
 Customer #: 768659

Amount Due: \$360.00
 Due Date: November 19, 2010

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

Property Address:
18 ACKER ST E

Ref. # 10090
Folder RSN: 1727437

Date	Type of Fee	Amount
June 4, 2010	CO Commercial Initial Fee	\$180.00
August 5, 2010	CO Commercial Reinspection Fee	\$90.00
October 18, 2010	CO Commercial Reinspection Fee	\$90.00

PAY THIS AMOUNT: \$360.00

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: \$360.00

Customer #: 768659 Ref. #: 10090 Folder RSN : 1727437

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



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SCOT L SORUM
 506 LEXINGTON PKWY N
 ST PAUL MN 55104-2509

Bill Date: October 19, 2010
 Customer #: 1074247

Amount Due: \$170.00
 Due Date: November 19, 2010

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

Property Address:
983 AGATE ST

Ref. # 111856
Folder RSN: 1627258

Date	Type of Fee	Amount
September 17, 2010	CO Residential 1 & 2 Units Initial Fee	\$170.00

PAY THIS AMOUNT: \$170.00

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: \$170.00

Customer #: 1074247 Ref. #: 111856 Folder RSN : 1627258

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



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ALEX J EATON EIG FUND LLC
 PO BOX 6781
 MINNEAPOLIS MN 55406

Bill Date: October 19, 2010
 Customer #: 1196938

Amount Due: \$544.00
 Due Date: November 19, 2010

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

Property Address:
272 BIRMINGHAM ST

Ref. # 16402
Folder RSN: 1345218

Date	Type of Fee	Amount
June 21, 2010	CO Residential 3+ Units Initial Fee	\$272.00
August 27, 2010	CO Residential 3+ Units Reinspection Fee	\$136.00
October 18, 2010	CO Residential 3+ Units Reinspection Fee	\$136.00

PAY THIS AMOUNT: \$544.00

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: \$544.00

Customer #: 1196938 Ref. #: 16402 Folder RSN : 1345218

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



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BLAINE HERBERT
 PO BOX 40528
 ST PAUL MN 55104

Bill Date: October 19, 2010
 Customer #: 1283736

Amount Due: \$270.00
 Due Date: November 19, 2010

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

Property Address:
463 COMO AVE

Ref. # 42065
Folder RSN: 1402712

Date	Type of Fee	Amount
July 13, 2010	CO Commercial Initial Fee	\$180.00
October 18, 2010	CO Commercial Reinspection Fee	\$90.00

PAY THIS AMOUNT: \$270.00

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
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Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$270.00

Customer #: 1283736 Ref. #: 42065 Folder RSN : 1402712

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



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BLAINE HEBERT
 PO BOX 40528
 ST PAUL MN 55104

Bill Date: October 19, 2010
 Customer #: 1053564

Amount Due: \$180.00
 Due Date: November 19, 2010

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

Property Address:
 475 COMO AVE

Ref. # 45111
Folder RSN: 1419413

Date	Type of Fee	Amount
September 14, 2010	CO Commercial Initial Fee	\$180.00

PAY THIS AMOUNT: \$180.00

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
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Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$180.00

Customer #: 1053564 Ref. #: 45111 Folder RSN : 1419413

<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Expiration Date: Month / Year				
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GARY LANG MINNESOTA COUNTIES INSURANCE TRUST
 100 EMPIRE DRIVE SUITE 100
 ST PAUL MN 55103-1885

Bill Date: October 19, 2010
 Customer #: 972189

Amount Due: \$546.00
 Due Date: November 19, 2010

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

Property Address:
100 EMPIRE DRIVE

Ref. # 100024
Folder RSN: 1492864

Date	Type of Fee	Amount
October 13, 2010	CO Commercial Initial Fee	\$546.00

PAY THIS AMOUNT: \$546.00

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: \$546.00

Customer #: 972189 Ref. #: 100024 Folder RSN : 1492864

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



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BAKERS SQUARE
 2239 FORD PKWY
 SAINT PAUL MN 55116

Bill Date: October 19, 2010
 Customer #: 772096

Amount Due: \$180.00
 Due Date: November 19, 2010

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

Property Address:
2239 FORD PKWY

Ref. # 13615
Folder RSN: 1663257

Date	Type of Fee	Amount
September 17, 2010	CO Commercial Initial Fee	\$180.00

PAY THIS AMOUNT: \$180.00

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Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$180.00

Customer #: 772096 Ref. #: 13615 Folder RSN : 1663257

<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Expiration Date: Month / Year				
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RICHARD FISCHER NORTHSTAR PLUMBING AND HEATING Bill Date: October 19, 2010
 62 HAMLINE AVE S Customer #: 769086
 SAINT PAUL MN 55105

Amount Due: \$180.00
 Due Date: November 19, 2010

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

Property Address:
62 HAMLINE AVE S

Ref. # 10326
Folder RSN: 1475969

Date	Type of Fee	Amount
October 18, 2010	CO Commercial Initial Fee	\$180.00

PAY THIS AMOUNT: \$180.00

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: \$180.00

Customer #: 769086 Ref. #: 10326 Folder RSN : 1475969

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



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EOD ENTERPRISES LLC
 506 LEXINGTON PKWY N
 ST PAUL MN 55104

Bill Date: October 19, 2010
 Customer #: 1204287

Amount Due: \$255.00
 Due Date: November 19, 2010

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

Property Address:
1923 IVY AVE E

Ref. # 103760
Folder RSN: 1393144

Date	Type of Fee	Amount
July 28, 2010	CO Residential 1 & 2 Units Initial Fee	\$170.00
October 18, 2010	CO Residential 1&2 Unit Reinspection Fee	\$85.00

PAY THIS AMOUNT: \$255.00

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
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Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$255.00

Customer #: 1204287 Ref. #: 103760 Folder RSN : 1393144

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



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ROGER W STADLER
 923 RANDOLPH AVE
 ST. PAUL MN 55102

Bill Date: October 19, 2010
 Customer #: 769111

Amount Due: \$180.00
 Due Date: November 19, 2010

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

Property Address:
 923 RANDOLPH AVE

Ref. # 17216
Folder RSN: 1751103

Date	Type of Fee	Amount
September 16, 2010	CO Commercial Initial Fee	\$180.00

PAY THIS AMOUNT: \$180.00

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
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Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$180.00

Customer #: 769111 Ref. #: 17216 Folder RSN : 1751103

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



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ROSALVA LUCIO
 307 ROBIE ST E
 ST PAUL MN 55107-2327

Bill Date: October 19, 2010
 Customer #: 984259

Amount Due: \$200.00
 Due Date: November 19, 2010

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

Property Address:
297 ROBIE ST E

Ref. # 105937
Folder RSN: 1569746

Date	Type of Fee	Amount
September 29, 2010	CO Residential 1 & 2 Units Initial Fee	\$200.00

PAY THIS AMOUNT: \$200.00

Mail to: Billing
 Saint Paul Fire Inspection
 375 Jackson Street, Suite 220
 St. Paul, MN 55102-1806

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Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$200.00

Customer #: 984259 Ref. #: 105937 Folder RSN : 1569746

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



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DAVID M WALDACK KARI J WALDACK
 5218 MONROE DR
 SPRINGFIELD VA 22151-3739

Bill Date: October 19, 2010
 Customer #: 1267715

Amount Due: \$170.00
 Due Date: November 19, 2010

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

Property Address:
215 ROBIE ST W

Ref. # 115298
Folder RSN: 2426400

Date	Type of Fee	Amount
September 20, 2010	CO Residential 1 & 2 Units Initial Fee	\$170.00

PAY THIS AMOUNT: \$170.00

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
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Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$170.00

Customer #: 1267715 Ref. #: 115298 Folder RSN : 2426400

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



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ST GEORGE GK ORTHO/OFFICE MANAGER
 1111 SUMMIT AVE
 ST. PAUL MN 55105

Bill Date: October 19, 2010
 Customer #: 769272

Amount Due: \$180.00
 Due Date: November 19, 2010

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

Property Address:
 1111 SUMMIT AVE

Ref. # 12907
Folder RSN: 1634121

Date	Type of Fee	Amount
September 1, 2010	CO Commercial Initial Fee	\$180.00

PAY THIS AMOUNT: \$180.00

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
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Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$180.00

Customer #: 769272 Ref. #: 12907 Folder RSN : 1634121

<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Expiration Date: Month / Year				
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THOMAS DUNN
 323 MAPLE ISLAND RD
 BURNSVILLE MN 55307

Bill Date: October 19, 2010
 Customer #: 823215

Amount Due: \$240.00
 Due Date: November 19, 2010

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

Property Address:
1922 UNIVERSITY AVE W

Ref. # 111781
Folder RSN: 1618707

Date	Type of Fee	Amount
August 4, 2010	CO Commercial Initial Fee	\$180.00
October 1, 2010	CO Commercial No Entry Penalty Fee	\$60.00

PAY THIS AMOUNT: \$240.00

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: \$240.00

Customer #: 823215 Ref. #: 111781 Folder RSN : 1618707

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



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ROSEMARIE LABRASSEUR
 1255 MARION ST
 ST PAUL MN 55117-4467

Bill Date: October 19, 2010
 Customer #: 1041451

Amount Due: \$170.00
 Due Date: November 19, 2010

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

Property Address:
1228 VIRGINIA ST

Ref. # 103805
Folder RSN: 1393189

Date	Type of Fee	Amount
September 16, 2010	CO Residential 1 & 2 Units Initial Fee	\$170.00

PAY THIS AMOUNT: \$170.00

Mail to: Billing
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 375 Jackson Street, Suite 220
 St. Paul, MN 55102-1806

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Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$170.00

Customer #: 1041451 Ref. #: 103805 Folder RSN : 1393189

<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Expiration Date: Month / Year				
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SOUTH METRO HUMAN SERVICES
 400 SIBLEY ST STE 500
 ST PAUL MN 55101-1938

Bill Date: October 19, 2010
 Customer #: 1074290

Amount Due: \$255.00
 Due Date: November 19, 2010

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

Property Address:
1880 WILSON AVE

Ref. # 109424
Folder RSN: 1469344

Date	Type of Fee	Amount
July 8, 2010	CO Residential 1 & 2 Units Initial Fee	\$170.00
October 18, 2010	CO Residential 1&2 Unit Reinspection Fee	\$85.00

PAY THIS AMOUNT: \$255.00

Mail to: Billing
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Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$255.00

Customer #: 1074290 Ref. #: 109424 Folder RSN : 1469344

<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Expiration Date: Month / Year				
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DAVID J SCHOUVELLER MARSHA L SCHOUVELLER
 435 WYOMING ST E
 ST PAUL MN 55107

Bill Date: October 19, 2010
 Customer #: 953480

Amount Due: \$170.00
 Due Date: November 19, 2010

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

Property Address:
416 WINONA ST E

Ref. # 102404
Folder RSN: 1581961

Date	Type of Fee	Amount
October 18, 2010	CO Residential 1 & 2 Units Initial Fee	\$170.00

PAY THIS AMOUNT: \$170.00

Mail to: Billing
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 St. Paul, MN 55102-1806

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IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$170.00

Customer #: 953480 Ref. #: 102404 Folder RSN : 1581961

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