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

NATHAN HOUSE CONDO ASSOC/SHARON SCHWARTZ
415 SUMMIT AVE UNIT #3
SAINT PAUL MN 55102

Bill Date: November 5, 2009
Customer #: 770309

Amount Due: $128.00
Due Date: December 5, 2009

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

Property Address:
415 SUMMIT AVE

Ref. # 84561
Folder RSN: 1112893

Date	Type of Fee	Amount
October 12, 2009	CO Residential 3+ Units Initial Fee	$128.00

PAY THIS AMOUNT: $128.00

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 **

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: $128.00

Customer # : 770309 **Ref. # : 84561** **Folder RSN : 1112893**

☐ **American Express** ☐ **Discover** ☐ **MasterCard** ☐ **Visa** **Expiration Date: Month / Year**

Enter Account Number

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