



**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.

BRETT DUPONT  
 1261 STANFORD AVE  
 SAINT PAUL MN 55105- 2810

Bill Date: May 31, 2016  
 Customer #: 1395564

Amount Due: \$202.00  
 Due Date: June 30, 2016

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

**Property Address:**  
 1 IRVINE PARK UNIT 1A

**Ref.# 120253**  
**Folder RSN: 3637501**

Date	Type of Fee	Amount
May 27, 2016	CO Residential 1 & 2 Units Initial Fee	\$202.00

**PAY THIS AMOUNT:                    \$202.00**

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: \$202.00**

Customer #: 1395564

Ref. #: 120253

Folder RSN : 3637501

<input type="checkbox"/> Amex	<input type="checkbox"/> MasterCard			Expiration Date: Month / Year				
<input type="checkbox"/> Discover	<input type="checkbox"/> Visa	Security Code						
Enter Account Number								