



**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								