



# 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

<b>Date</b>	<b>Type of Fee</b>	<b>Amount</b>
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								