



**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.

SIMMARA S SMITH
 9331 HILLSIDE TRL
 COTTAGE GROVE MN 55016- 3479

Bill Date: August 8, 2016
 Customer #: 1413123
 Amount Due: \$607.00
 Due Date: September 8, 2016

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

Property Address:
 521 FOREST ST

Ref.# 121299
Folder RSN: 3772046

| Date | Type of Fee | Amount |
|----------------|--|----------|
| March 11, 2015 | Provisional CO Fee 2015 | \$100.00 |
| March 9, 2016 | Provisional CO Fee 2016 | \$103.00 |
| April 22, 2016 | CO Residential 1 & 2 Units Initial Fee | \$202.00 |
| May 26, 2016 | CO Residential 1&2 Unit Reinspection Fee | \$101.00 |
| August 4, 2016 | CO Residential 1&2 Unit Reinspection Fee | \$101.00 |

PAY THIS AMOUNT: \$607.00

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: \$607.00

Customer #: 1413123

Ref. #: 121299

Folder RSN : 3772046

| | | | | | | | | |
|-----------------------------------|-------------------------------------|---|---|----------------------------------|--|--|--|--|
| <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 | | | | | | | | |