



Fire Certificate of Occupancy

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

KYLE M JOHNSON
247 THOMPSON AVE E
WEST ST PAUL MN 55118- 3215

Bill Date: December 9, 2014
Customer #: 1377882

Amount Due: \$560.00
Due Date: January 9, 2015

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

Property Address:
25 WINTER ST

Ref.# 119474
Folder RSN: 3572793

Date	Type of Fee	Amount
February 1, 2013	Provisional CO Fee 2013	\$50.00
February 25, 2014	Provisional CO Fee 2014	\$50.00
May 19, 2014	CO Residential 1 & 2 Units Initial Fee	\$170.00
May 19, 2014	CO Residential 1&2 Units No Entry Penalty Fee	\$60.00
June 20, 2014	CO Residential 1&2 Units No Entry Penalty Fee	\$60.00
December 1, 2014	CO Residential 1&2 Unit Reinspection Fee	\$85.00
December 5, 2014	CO Residential 1&2 Unit Reinspection Fee	\$85.00

PAY THIS AMOUNT: \$560.00

Mail to: Billing
 Saint Paul Fire Inspection
 375 Jackson Street, Suite 220
 St. Paul, MN 55102- 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: \$560.00

Customer #: 1377882

Ref. #: 119474

Folder RSN : 3572793

<input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Visa		 <small>4 Digit Verification Number</small>	 <small>3 Digit Verification Number</small>	Expiration Date: Month / Year				
		Security Code						
Enter Account Number								