



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

SCOTT D KRAMER
241 GEORGE ST W
SAINT PAUL MN 55107- 2759

Bill Date: October 13, 2014
Customer #: 1410124

Amount Due: \$170.00
Due Date: November 13, 2014

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

Property Address:
234 ROBIE ST W

Ref.# 117664
Folder RSN: 3362841

| Date | Type of Fee | Amount |
|-----------------|--|----------|
| August 19, 2014 | CO Residential 1 & 2 Units Initial Fee | \$170.00 |

PAY THIS AMOUNT: \$170.00

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: \$170.00

Customer #: 1410124

Ref. #: 117664

Folder RSN : 3362841

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