



# 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								