



Fire Certificate of Occupancy Fee Invoice

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

GARY A BLAIR
1769 REANEY AVE
ST PAUL MN 55106- 4243

Bill Date: December 30, 2015
Customer #: 384551

Amount Due: \$196.00
Due Date: January 30, 2016

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

Property Address:
1820 STILLWATER AVE

Ref.# 102276
Folder RSN: 4185461

| Date | Type of Fee | Amount |
|-------------------|--|----------|
| September 4, 2015 | CO Residential 1 & 2 Units Initial Fee | \$196.00 |
| PAY THIS AMOUNT: | | \$196.00 |

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:** \$196.00

Customer #: 384551

Ref. #: 102276

Folder RSN : 4185461

| | | | | | | | | |
|-------------------------------|-------------------------------------|---|-----------------------------------|-------------------------------|---|----------------------------------|--|--|
| <input type="checkbox"/> Amex | <input type="checkbox"/> MasterCard |  | <input type="checkbox"/> Discover | <input type="checkbox"/> Visa |  | Expiration Date: Month / Year | | |
| Security Code | | | | | | | | |
| Enter Account Number | | | | | | | | |