



# Fire Certificate of Occupancy Fee Invoice

**\*\* FINAL NOTICE \*\***

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

DANIEL J TOWLE  
4 DOVE LANE  
NORTH OAKS MN 55127-2507

Bill Date: November 11, 2011  
Customer #: 994478  
Amount Due: \$510.00  
Due Date: November 26, 2011

**\*\* You were sent a Fire Inspection Fee Invoice and payment has not been received. \*\***  
Payment must be received in this office no later than November 26, 2011 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

**Property Address:**  
891 ROSE AVE E

**Ref. # 108273**  
**Folder RSN: 1397657**

Date	Type of Fee	Amount
January 27, 2011	Provisional CO Fee 2011	\$50.00
May 26, 2011	CO Residential 1 & 2 Units Initial Fee	\$200.00
May 26, 2011	CO Residential 1&2 Units No Entry Penalty Fee	\$60.00
September 16, 2011	CO Residential 1&2 Unit Reinspection Fee	\$100.00
October 11, 2011	CO Residential 1&2 Unit Reinspection Fee	\$100.00

**PAY THIS AMOUNT: \$510.00**

**Mail to: Billing**  
375 Jackson St, Suite 220  
Saint Paul Fire Inspection  
Saint Paul, MN 55102-1806

**Make Checks Payable to: City of St. Paul**  
**\*\* Return this document with your payment \*\***

**Signature of Cardholder (required for all charges):** \_\_\_\_\_

**IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$510.00**

Customer #: 994478

Ref. #: 108273

Folder RSN : 1397657

<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Expiration Date: Month / Year				
Enter Account Number								