## Fire Certificate of Occupancy

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

Check this box if making any name

YVONNE CATHARINA MARIA JONK

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

Bill Date: November 6, 2019

Customer #: 1610443 Amount Due: \$405.00

Due Date: November 21, 2019

\*\* 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 21, 2019 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

**Property Address:** 1941 SELBY AVE

158 OSSIPEE TR

GORHAM ME 04038- 2032

Ref.# 123382

Folder RSN: 4204891

Date	Type of Fee	Bill #	Amount
September 25, 2015	Provisional CO Fee 2015	1200552	\$100.00
March 9, 2016	Provisional CO Fee 2016	1228226	\$103.00
December 14, 2016	CO Residential 1 & 2 Units Initial Fee	1466474	\$202.00

# PAY THIS AMOUNT: \$405.00

You can pay this invoice online by going to **online.stpaul.gov** and selecting the 'Make a Payment' option. You will need your customer number and bill number to process a payment - both can be found on this invoice.

Mail to: Billing Saint Paul Fire Inspection 375 Jackson Street, Suite 220 St. Paul, MN 55101-1806

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

Signature of Cardholder (require	ed for all charges):		
IF PAYING BY CREDIT CARD PLEASE CO	MPLETE THE FOLLOWING INFORM	ATION: Pay this A	Amount: \$405.00
Customer #: 1610443	Ref. #: 123382	Folder RSN	: 4204891
☐ Amex ☐ MasterCard ☐ Discover ☐ Visa Secu	* Digit Verification Plansfor  Trity Code	Expiration Date: Month / Year	
Enter Account Number			