



**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

TERRANCE AND STEPHANIE MANLEY  
 5147 ST ALBANS ST N  
 SHOREVIEW MN 55126

Bill Date: March 11, 2011  
 Customer #: 1207426

Amount Due: \$313.50  
 Due Date: April 11, 2011

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

**Property Address:**  
**110 LITCHFIELD ST**

**Ref. # 12893**  
**Folder RSN: 1926592**

Date	Type of Fee	Amount
January 6, 2011	CO Residential 3+ Units Initial Fee	\$209.00
March 10, 2011	CO Residential 3+ Units Reinspection Fee	\$104.50

**PAY THIS AMOUNT: \$313.50**

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: \$313.50

Customer #: 1207426      Ref. #: 12893      Folder RSN : 1926592

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