



**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

CALVIN PHAN MICKEL  
 2305 -- 130TH ST W  
 ROSEMOUNT MN 55068-3918

Bill Date: January 26, 2012  
 Customer #: 1203257

Amount Due: \$200.00  
 Due Date: February 26, 2012

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

**Property Address:**  
**316 SUPERIOR ST**

**Ref. # 113591**  
**Folder RSN: 1728514**

Date	Type of Fee	Amount
January 25, 2012	CO Residential 1 & 2 Units Initial Fee	\$200.00

**PAY THIS AMOUNT: \$200.00**

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: \$200.00

Customer #: 1203257      Ref. #: 113591      Folder RSN : 1728514

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