



**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

KYLE ERDMANN
 257 JAN DRIVE
 HARLEYSVILLE PA 19438

Bill Date: October 26, 2011
 Customer #: 1289379

Amount Due: \$1,090.00
 Due Date: November 26, 2011

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

Property Address:
431 LYNNHURST AVE W

Ref. # 14597
Folder RSN: 1194722

Date	Type of Fee	Amount
October 12, 2010	CO Residential 3+ Units Initial Fee	\$218.00
October 28, 2010	CO Residential 3+ Units Reinspection Fee	\$109.00
December 7, 2010	CO Residential 3+ Units Reinspection Fee	\$109.00
December 27, 2010	CO Residential 3+ Units Reinspection Fee	\$109.00
March 8, 2011	CO Residential 3+ Units Reinspection Fee	\$109.00
April 29, 2011	CO Residential 3+ Units Reinspection Fee	\$109.00
May 17, 2011	CO Residential 3+ Units Reinspection Fee	\$109.00
September 29, 2011	CO Residential 3+ Units Reinspection Fee	\$109.00
October 25, 2011	CO Residential 3+ Units Reinspection Fee	\$109.00

PAY THIS AMOUNT: \$1,090.00

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: \$1,090.00

Customer #: 1289379 Ref. #: 14597 Folder RSN : 1194722

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