



# 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

HOME SWEET HOME  
300 BATES AVE STE 200  
ST PAUL MN 55106

Bill Date: December 12, 2011  
Customer #: 1278061

Amount Due: \$200.00  
Due Date: January 12, 2012

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

**Property Address:**  
**947 MINNEHAHA AVE E**

**Ref. # 115403**  
**Folder RSN: 2435351**

Date	Type of Fee	Amount
October 6, 2010	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 #: 1278061**

**Ref. #: 115403**

**Folder RSN : 2435351**

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