



# Fire Certificate of Occupancy

**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

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

Check this box if making any name or mailing address corrections.

KBD INVESTMENTS LLC  
356 ARLINGTON AVE W  
SAINT PAUL MN 55117- 4334

Bill Date: October 30, 2017  
Customer #: 1388689

Amount Due: \$693.00  
Due Date: November 14, 2017

**\*\* 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 14, 2017 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

**Property Address:**  
1166 JENKS AVE

**Ref.# 123332**  
**Folder RSN: 4197123**

| Date              | Type of Fee                                   | Amount   |
|-------------------|---|----------|
| September 1, 2015 | Provisional CO Fee 2015                       | \$100.00 |
| March 9, 2016     | Provisional CO Fee 2016                       | \$103.00 |
| November 28, 2016 | CO Residential 1 & 2 Units Initial Fee        | \$202.00 |
| November 28, 2016 | CO Residential 1&2 Units No Entry Penalty Fee | \$72.00  |
| December 16, 2016 | CO Residential 1&2 Units No Entry Penalty Fee | \$72.00  |
| January 12, 2017  | CO Residential 1&2 Units No Entry Penalty Fee | \$72.00  |
| February 8, 2017  | CO Residential 1&2 Units No Entry Penalty Fee | \$72.00  |

**PAY THIS AMOUNT: \$693.00**

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 (required for all charges): \_\_\_\_\_

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$693.00

Customer #: 1388689

Ref. #: 123332

Folder RSN : 4197123

|                                   |                                     |   |   |                                  |  |  |  |  |
|-----------------------------------|-------------------------------------|---|---|----------------------------------|--|--|--|--|
| <input type="checkbox"/> Amex     | <input type="checkbox"/> MasterCard |  |  | Expiration Date:<br>Month / Year |  |  |  |  |
| <input type="checkbox"/> Discover | <input type="checkbox"/> Visa       | <small>4 Digit Verification Number</small>  | <small>3 Digit Verification Number</small>  |                                  |  |  |  |  |
| Security Code                     |                                     |   |   |                                  |  |  |  |  |
| Enter Account Number              |                                     |   |   |                                  |  |  |  |  |