



# Fire Certificate of Occupancy Fee Invoice

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

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

Jeffrey A Thole  
839 7th St E  
St Paul MN 55106-4515

Bill Date: January 31, 2014  
Customer #: 1195775  
Amount Due: \$360.00  
Due Date: February 15, 2014

**\*\* You were sent a Fire Inspection Fee Invoice and payment has not been received. \*\***  
Payment must be received in this office no later than February 15, 2014 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

**Property Address:**  
839 7TH ST E

**Ref. # 16747**  
**Folder RSN: 2714330**

Date	Type of Fee	Amount
July 2, 2013	CO Commercial Initial Fee	\$180.00
October 31, 2013	CO Commercial Reinspection Fee	\$90.00
December 30, 2013	CO Commercial Reinspection Fee	\$90.00

**PAY THIS AMOUNT: \$360.00**



**Mail to: Billing**  
375 Jackson St, Suite 220  
Saint Paul Fire Inspection  
Saint Paul, MN 55102-1806

**Make Checks Payable to: City of St. Paul**  
**\*\* Return this document with your payment \*\***

**Signature of Cardholder (required for all charges):** \_\_\_\_\_

**IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$360.00**

Customer #: 1195775      Ref. #: 16747      Folder RSN : 2714330

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