



**Fire Certificate of Occupancy  
Fee Invoice**

**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

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

ED BUREK  
 19583 JADE LN  
 LAKEVILLE MN 55044- 9481

Bill Date: October 12, 2018  
 Amount Due: \$206.00  
 Due Date: November 12, 2018  
 Customer #: 1363405

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

**Property Address:**  
 351 BELVIDERE ST E UNIT B

**Ref.# 119025**  
**Folder RSN: 3647444**

Date	Type of Fee	Bill #	Amount
October 10, 2018	CO Residential 1 & 2 Units Initial Fee	1401846	\$206.00

**PAY THIS AMOUNT:                    \$206.00**

You can pay this invoice online by going to [online.stpaul.gov](http://online.stpaul.gov) and selecting the 'Make a Payment' option. You will need your customer number and bill number to process a payment - both can be found on this invoice.

Mail to: Billing  
 Department of Safety and Inspections  
 375 Jackson Street, Suite 220  
 Saint 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: \$206.00

Customer #: 1363405

Ref. #: 119025

Folder RSN : 3647444

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