



# 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

ELIZABETH LUCHT LESLIE K LUCHT  
 1090 CUMBERLAND ST  
 ST PAUL MN 55117-4869

Bill Date: December 26, 2014  
 Customer #: 958499  
 Amount Due: \$200.00  
 Due Date: January 10, 2015

**\*\* You were sent a Fire Inspection Fee Invoice and payment has not been received. \*\***  
 Payment must be received in this office no later than January 10, 2015 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

**Property Address:**  
**685 VAN BUREN AVE**

**Ref. # 106519**  
**Folder RSN: 3886218**

Date	Type of Fee	Amount
November 10, 2014	CO Residential 1 & 2 Units Initial Fee	\$200.00

**PAY THIS AMOUNT: \$200.00**

**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: \$200.00**

Customer #: 958499

Ref. #: 106519

Folder RSN : 3886218

<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:							