



**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

SHARON GOODMAN JOHN GOODMAN
 2197 SCHEFFER AVE
 ST PAUL MN 55116-1161

Bill Date: February 27, 2015
 Customer #: 1406277
 Amount Due: \$290.00
 Due Date: March 14, 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 March 14, 2015 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
537 MOUNT CURVE BLVD

Ref. # 121040
Folder RSN: 3673279

Date	Type of Fee	Amount
November 26, 2013	CO Residential 1 & 2 Units Initial Fee	\$170.00
November 26, 2013	CO Residential 1&2 Units No Entry Penalty Fee	\$60.00
April 15, 2014	CO Residential 1&2 Units No Entry Penalty Fee	\$60.00

PAY THIS AMOUNT: \$290.00



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: \$290.00

Customer #: 1406277 Ref. #: 121040 Folder RSN : 3673279

<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:							