



# 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

Timothy M Flynn  
1751 Bohland Ave  
St Paul MN 55116-2126

Bill Date: October 13, 2014  
Customer #: 1083074  
Amount Due: \$250.00  
Due Date: October 28, 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 October 28, 2014 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

**Property Address:**  
2055 FAIRMOUNT AVE

**Ref. # 118903**  
**Folder RSN: 3437715**

Date	Type of Fee	Amount
February 25, 2014	Provisional CO Fee 2014	\$50.00
September 9, 2014	CO Residential 1 & 2 Units Initial Fee	\$200.00

**PAY THIS AMOUNT: \$250.00**

**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: \$250.00**

Customer #: 1083074

Ref. #: 118903

Folder RSN : 3437715

<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:							