



# 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

GWYNNE EVANS 455 GRAND AVE LLC  
1405 SUMMIT AVE  
ST PAUL MN 55105-2240

Bill Date: March 3, 2014  
Customer #: 1322915  
Amount Due: \$170.00  
Due Date: March 18, 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 March 18, 2014 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

**Property Address:**  
1405 SUMMIT AVE

**Ref. # 117335**  
**Folder RSN: 3436343**

Date	Type of Fee	Amount
January 29, 2014	CO Residential 1 & 2 Units Initial Fee	\$170.00

**PAY THIS AMOUNT: \$170.00**



**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: \$170.00**

Customer #: 1322915      Ref. #: 117335      Folder RSN : 3436343

<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:							