



# 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.

BETTY L. CHARLES  
979 UNIVERSITY AVE W  
SAINT PAUL MN 55104

Bill Date: March 4, 2016  
Customer #: 771657

Amount Due: \$840.00  
Due Date: April 4, 2016

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

**Property Address:**  
979 UNIVERSITY AVE W

**Ref.# 17413**  
**Folder RSN: 1341252**

| Date               | Type of Fee                    | Amount   |
|--------------------|--------------------------------|----------|
| September 25, 2015 | CO Commercial Initial Fee      | \$420.00 |
| December 31, 2015  | CO Commercial Reinspection Fee | \$210.00 |
| March 2, 2016      | CO Commercial Reinspection Fee | \$210.00 |

**PAY THIS AMOUNT: \$840.00**

Mail to: Billing  
Saint Paul Fire Inspection  
375 Jackson Street, Suite 220  
St. 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: \$840.00

Customer #: 771657

Ref. #: 17413

Folder RSN : 1341252

|                                   |                                     |                                                                                     |                                                                                     |                                  |  |  |  |  |
|-----------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------|--|--|--|--|
| <input type="checkbox"/> Amex     | <input type="checkbox"/> MasterCard |  |  | Expiration Date:<br>Month / Year |  |  |  |  |
| <input type="checkbox"/> Discover | <input type="checkbox"/> Visa       | Security Code                                                                       |                                                                                     |                                  |  |  |  |  |
| Enter Account Number              |                                     |                                                                                     |                                                                                     |                                  |  |  |  |  |