



**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) 266-9090
FAX: (651) 266-9124
 An Equal Opportunity Employer

JERRY BELL
 1026 CENTRAL AVE W
 ST PAUL MN 55104-4727

Bill Date: July 5, 2010
 Customer #: 1194125
 Amount Due: \$380.00
 Due Date: July 20, 2010

**** You were sent a Fire Inspection Fee Invoice and payment has not been received. ****
Payment must be received in this office no later than July 20, 2010 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
996 CARROLL AVE

Ref. # 112647
Folder RSN: 1936565

Date	Type of Fee	Amount
November 10, 2009	CO Residential 1 & 2 Units Initial Fee	\$128.00
December 11, 2009	CO Residential 1&2 Units No Entry Penalty Fee	\$60.00
April 2, 2010	CO Residential 1&2 Unit Reinspection Fee	\$64.00
May 4, 2010	CO Residential 1&2 Unit Reinspection Fee	\$64.00
June 3, 2010	CO Residential 1&2 Unit Reinspection Fee	\$64.00

PAY THIS AMOUNT: \$380.00

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 ****

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$380.00

Customer #: 1194125 Ref. #: 112647 Folder RSN : 1936565

<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Expiration Date: Month / Year				
Enter Account Number								

Name of Cardholder

Signature of Cardholder (required for all charges)

Date