



**Fire Certificate of Occupancy  
Fee Invoice**

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

HOLY TRINITY - FATHER JOHN MIGRAM  
 1201 HATHAWAY ST N  
 MINNEAPOLIS MN 55432

Bill Date: April 8, 2013  
 Customer #: 769549

Amount Due: \$270.00  
 Due Date: May 8, 2013

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

**Property Address:**  
 113 SARATOGA ST N

**Ref. # 20518**  
**Folder RSN: 3033187**

Date	Type of Fee	Amount
November 21, 2012	CO Commercial Initial Fee	\$180.00
April 4, 2013	CO Commercial Reinspection Fee	\$90.00

**PAY THIS AMOUNT: \$270.00**

Mail to: Billing  
 Saint Paul Fire Inspection  
 375 Jackson Street, Suite 220  
 St. Paul, MN 55102-1806

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: \$270.00

Customer #: 769549      Ref. #: 20518      Folder RSN : 3033187

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