



**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

MIGUEL IGLESIA DEL LABINO INC
 1003 ARCADE ST
 ST PAUL MN 55106

Bill Date: October 26, 2010
 Customer #: 1283807

Amount Due: \$180.00
 Due Date: November 26, 2010

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

Property Address:
1003 ARCADE ST

Ref. # 14969
Folder RSN: 1669415

| Date | Type of Fee | Amount |
|-----------------|---------------------------|----------|
| August 13, 2010 | CO Commercial Initial Fee | \$180.00 |

PAY THIS AMOUNT: \$180.00

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: \$180.00

Customer #: 1283807 Ref. #: 14969 Folder RSN : 1669415

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



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RYAN HARTUNG
 4720 CHOWEN AVE S
 MINNEAPOLIS MN 55410-1731

Bill Date: October 26, 2010
 Customer #: 959949

Amount Due: \$170.00
 Due Date: November 26, 2010

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

Property Address:
1981 JAMES AVE

Ref. # 100703
Folder RSN: 1575968

| Date | Type of Fee | Amount |
|--------------------|--|----------|
| September 22, 2010 | CO Residential 1 & 2 Units Initial Fee | \$170.00 |

PAY THIS AMOUNT: \$170.00

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: \$170.00

Customer #: 959949 Ref. #: 100703 Folder RSN : 1575968

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



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DEL CO LIMITED PARTNERSHIP
 PO BOX 17122
 ST PAUL MN 55117-0075

Bill Date: October 26, 2010
 Customer #: 953203

Amount Due: \$170.00
 Due Date: November 26, 2010

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

Property Address:
872 OAKDALE AVE

Ref. # 115000
Folder RSN: 2139460

| Date | Type of Fee | Amount |
|------------------|--|----------|
| October 26, 2010 | CO Residential 1 & 2 Units Initial Fee | \$170.00 |

PAY THIS AMOUNT: \$170.00

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: \$170.00

Customer #: 953203 Ref. #: 115000 Folder RSN : 2139460

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