

**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.

CULLEN LLC
 PO BOX 16725
 MINNEAPOLIS MN 55416

Bill Date: June 7, 2011
 Customer #: 1267270

Amount Due: \$765.00
 Due Date: July 7, 2011

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

Property Address:
359 CLEVELAND AVE N

Ref. # 101516
Folder RSN: 1390900

Date	Type of Fee	Amount
June 30, 2010	CO Residential 1 & 2 Units Initial Fee	\$170.00
September 29, 2010	CO Residential 1&2 Unit Reinspection Fee	\$85.00
October 26, 2010	CO Residential 1&2 Unit Reinspection Fee	\$85.00
November 29, 2010	CO Residential 1&2 Unit Reinspection Fee	\$85.00
January 5, 2011	CO Residential 1&2 Unit Reinspection Fee	\$85.00
February 4, 2011	CO Residential 1&2 Unit Reinspection Fee	\$85.00
March 2, 2011	CO Residential 1&2 Unit Reinspection Fee	\$85.00
June 6, 2011	CO Residential 1&2 Unit Reinspection Fee	\$85.00

PAY THIS AMOUNT: \$765.00

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: \$765.00

Customer #: 1267270

Ref. #: 101516

Folder RSN : 1390900

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