



**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

ELIZABETH LUCHT LESLIE K LUCHT
 1090 CUMBERLAND ST
 ST PAUL MN 55117-4869

Bill Date: August 9, 2012
 Customer #: 958499

Amount Due: \$200.00
 Due Date: September 9, 2012

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

Property Address:
 693 ST ALBANS ST N

Ref. # 108654
Folder RSN: 1408484

Date	Type of Fee	Amount
August 8, 2012	CO Residential 1 & 2 Units Initial Fee	\$200.00

PAY THIS AMOUNT: \$200.00

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: \$200.00

Customer #: 958499 Ref. #: 108654 Folder RSN : 1408484

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