

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) 266-8989 FAX: (651) 266-9124

An Equal Opportunity Employer

TERRANCE AND STEPHANIE MANLEY 5147 ST ALBANS ST N SHOREVIEW MN 55126

Bill Date: April 11, 2011 Customer #: 1207426

Amount Due: \$313.50 Due Date: April 26, 2011

* * You were sent a Fire Inspection Fee Invoice and payment has not been receieved. * * Payment must be received in this office no later than April 26, 2011 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:

12893 Ref.#

Folder RSN: 1926592

110 LITCHFIELD ST

Amount

January 6, 2011 March 10, 2011

Date

Type of Fee CO Residential 3+ Units Initial Fee CO Residential 3+ Units Reinspection Fee

\$209.00 \$104.50

\$313.50 **PAY THIS AMOUNT:**

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 **

| Signature of Cardholder | (required for all cha | rges): | | | |
|-------------------------|-----------------------|---------------------------|----------------------------------|---------------|--|
| | | THE FOLLOWING INFORMATI | - | int: \$313.50 | |
| Customer #: 1207426 | Ref. #: 12893 | 12893 Folder RSN: 1926592 | | | |
| American Express | Discover | MasterCard Visa | Expiration Date: Month / Year | | |
| Enter Account Number | | [[[| | | |