



**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

MICHAEL S VOLK JOANNA VOLK  
 4386 NYBRO CIRCLE  
 EAGAN MN 55123-1742

Bill Date: July 13, 2011  
 Customer #: 938850

Amount Due: \$600.00  
 Due Date: August 13, 2011

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

**Property Address:**  
**1752 LAUREL AVE**

**Ref. # 107167**  
**Folder RSN: 1580132**

Date	Type of Fee	Amount
October 18, 2010	CO Residential 1 & 2 Units Initial Fee	\$200.00
January 10, 2011	CO Residential 1&2 Unit Reinspection Fee	\$100.00
February 15, 2011	CO Residential 1&2 Unit Reinspection Fee	\$100.00
March 25, 2011	CO Residential 1&2 Unit Reinspection Fee	\$100.00
July 12, 2011	CO Residential 1&2 Unit Reinspection Fee	\$100.00

**PAY THIS AMOUNT: \$600.00**

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: \$600.00

Customer #: 938850 Ref. #: 107167 Folder RSN : 1580132

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