



**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

NATHAN HOUSE CONDO ASSOC/SHARON SCHWARTZ
 415 SUMMIT AVE UNIT #3
 SAINT PAUL MN 55102

Bill Date: November 5, 2009
 Customer #: 770309

Amount Due: \$128.00
 Due Date: December 5, 2009

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

Property Address:
415 SUMMIT AVE

Ref. # 84561
Folder RSN: 1112893

Date	Type of Fee	Amount
October 12, 2009	CO Residential 3+ Units Initial Fee	\$128.00

PAY THIS AMOUNT: \$128.00

Mail to: Billing
 Saint Paul Fire Inspection
 375 Jackson Street, Suite 220
 St. Paul, MN 55101-1806

Make Checks Payable to: City of St. Paul
**** Return this document with payment ****

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$128.00

Customer #: 770309 Ref. #: 84561 Folder RSN: 1112893

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

Name of Cardholder

Signature of Cardholder(required for all charges)

Date