



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) 266-9090
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: December 7, 2009
Customer #: 770309

Amount Due: \$128.00
Due Date: December 22, 2009

**** You were sent a Fire Inspection Fee Invoice and payment has not been received. ****
Payment must be received in this office no later than December 22, 2009 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

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
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 ****

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

<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