

## 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

CHASE E SUCHOMEL 2084 SHERWOOD AVE ST PAUL MN 55119-3235 Bill Date: June 3, 2014 Customer #: 977457

Amount Due: \$170.00 Due Date: July 3, 2014

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

Property Address: Ref. # 114174 2035 4TH ST E Folder RSN: 3382612

DateType of FeeAmountMay 30, 2014CO Residential 1 & 2 Units Initial Fee\$170.00

PAY THIS AMOUNT: \$170.00

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: \$170.00  Customer #: 977457 Ref. #: 114174 Folder RSN : 3382612											
Amex Discover	☐ MasterCard ☐ Visa	4 Digit Verification	on Number 3 Digit	esterCard, Discov	eer eer	Expira Month	tion Date: / Year				
Enter Account Number		<b>1</b>		11							