Fire Certificate of Occupancy

☐ 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

ABBY THEOBALD DAVID THEOBALD
1091 LAWSON AVE E
ST PAUL MN 55106- 3329

Bill Date: October 22, 2014
Customer #: 1415871

Amount Due: $300.00
Due Date: November 22, 2014

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

Property Address:
973 JESSAMINE AVE E

Ref.# 106338
Folder RSN: 3302180

Date	Type of Fee	Amount
August 22, 2014	CO Residential 1 & 2 Units Initial Fee	$200.00
October 20, 2014	CO Residential 1&2 Unit Reinspection Fee	$100.00

PAY THIS AMOUNT: $300.00

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: $300.00**

Customer #: 1415871 **Ref. #: 106338** **Folder RSN : 3302180**

☐ Amex ☐ MasterCard
☐ Discover ☐ Visa

Security Code

Expiration Date: Month / Year

Enter Account Number