



# 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) 266-8989**  
**FAX: (651) 266-9124**  
An Equal Opportunity Employer

GRAHAM M BUTLER  
2499 RICE ST N STE 125  
ROSEVILLE MN 55113-3724

Bill Date: March 23, 2015  
Customer #: 941467

Amount Due: \$700.00  
Due Date: April 7, 2015

**\*\* You were sent a Fire Inspection Fee Invoice and payment has not been received. \*\***  
Payment must be received in this office no later than April 7, 2015 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

**Property Address:**  
**702 AURORA AVE**

**Ref. # 110295**  
**Folder RSN: 1652568**

| Date              | Type of Fee                              | Amount   |
|-------------------|--|----------|
| March 12, 2013    | CO Residential 1 & 2 Units Initial Fee   | \$200.00 |
| June 4, 2013      | CO Residential 1&2 Unit Reinspection Fee | \$100.00 |
| June 18, 2014     | CO Residential 1&2 Unit Reinspection Fee | \$100.00 |
| July 18, 2014     | CO Residential 1&2 Unit Reinspection Fee | \$100.00 |
| January 7, 2015   | CO Residential 1&2 Unit Reinspection Fee | \$100.00 |
| February 18, 2015 | CO Residential 1&2 Unit Reinspection Fee | \$100.00 |

**PAY THIS AMOUNT: \$700.00**

**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 \*\***



**Signature of Cardholder (required for all charges):** \_\_\_\_\_

**IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$700.00**

**Customer #: 941467**

**Ref. #: 110295**

**Folder RSN : 1652568**

|                                   |                                     |   |   |   |  |  |  |  |
|-----------------------------------|-------------------------------------|---|---|---|--|--|--|--|
| <input type="checkbox"/> Amex     | <input type="checkbox"/> MasterCard |  |  | <b>Expiration Date:</b><br>Month / Year |  |  |  |  |
| <input type="checkbox"/> Discover | <input type="checkbox"/> Visa       | <b>Security Code:</b>   |   |   |  |  |  |  |
| <b>Enter Account Number</b>       |                                     |   |   |   |  |  |  |  |