



Fire Certificate of Occupancy
Fee Invoice

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

Check this box if making any name or mailing address corrections.

AGAPITO TREVINO
2141 BUCKINGHAM LN
NEW BRIGHTON MN 55112-1522

Bill Date: May 1, 2015
Customer #: 937461

Amount Due: \$345.00
Due Date: June 1, 2015

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

Property Address:
622 CHATSWORTH ST N

Ref.# 107813
Folder RSN: 4025084

| Date | Type of Fee | Amount |
|----------------|--|----------|
| March 16, 2015 | CO Residential 1 & 2 Units Initial Fee | \$230.00 |
| April 29, 2015 | CO Residential 1&2 Unit Reinspection Fee | \$115.00 |

PAY THIS AMOUNT: \$345.00

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: \$345.00

Customer #: 937461

Ref. #: 107813

Folder RSN : 4025084

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|-----------------------------------|-------------------------------------|--|----------------------------------|--|--|--|--|--|--|
| <input type="checkbox"/> Amex | <input type="checkbox"/> MasterCard |   <small>4 Digit Verification Number 3 Digit Verification Number</small> | Expiration Date: Month / Year | | | | | | |
| <input type="checkbox"/> Discover | <input type="checkbox"/> Visa | | Security Code | | | | | | |
| Enter Account Number | | | | | | | | | |