

## 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

MATT BARTLETT PO BOX 16542 ST PAUL MN 55116 Bill Date: August 26, 2015 Customer #: 1430282

Amount Due: \$1,380.00

Due Date: September 26, 2015

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

Property Address: 1034 SUBURBAN AVE

Ref.# 12433

Folder RSN: 3624498

March 2, 2015 CO Residential 3+ Units Initial Fee \$345.00  April 27, 2015 CO Residential 3+ Units Reinspection Fee \$172.50  April 28, 2015 CO Residential 3+ Units Reinspection Fee \$172.50  May 28, 2015 CO Residential 3+ Units Reinspection Fee \$172.50  June 19, 2015 CO Residential 3+ Units Reinspection Fee \$172.50  July 29, 2015 CO Residential 3+ Units Reinspection Fee \$172.50  August 24, 2015 CO Residential 3+ Units Reinspection Fee \$172.50	Date	Type of Fee	Amount
April 28, 2015 CO Residential 3+ Units Reinspection Fee \$172.50  May 28, 2015 CO Residential 3+ Units Reinspection Fee \$172.50  June 19, 2015 CO Residential 3+ Units Reinspection Fee \$172.50  July 29, 2015 CO Residential 3+ Units Reinspection Fee \$172.50	March 2, 2015	CO Residential 3+ Units Initial Fee	\$345.00
May 28, 2015 CO Residential 3+ Units Reinspection Fee \$172.50  June 19, 2015 CO Residential 3+ Units Reinspection Fee \$172.50  July 29, 2015 CO Residential 3+ Units Reinspection Fee \$172.50	April 27, 2015	CO Residential 3+ Units Reinspection Fee	\$172.50
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	June 19, 2015	CO Residential 3+ Units Reinspection Fee	\$172.50
August 24, 2015 CO Residential 3+ Units Reinspection Fee \$172.50	July 29, 2015	CO Residential 3+ Units Reinspection Fee	\$172.50
	August 24, 2015	CO Residential 3+ Units Reinspection Fee	\$172.50

PAY THIS AMOUNT: \$1,380.00

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: \$1,380.00																
Customer #: 1430282 Ref. #: 12433								Folder RSN : 3624498								
	☐ Amex ☐ MasterCard ☐ Discover ☐ Visa Security Code ☐ ☐									ration I th / Ye						
Enter Account Number																