



# 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

**\*\* FINAL NOTICE \*\***

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

JEFF DELISLE  
PO BOX 17122  
SAINT PAUL MN 55117

Bill Date: November 18, 2015  
Customer #: 770618

Amount Due: \$4,308.00  
Due Date: December 3, 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 December 3, 2015 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

**Property Address:**  
538 ST PETER ST

**Ref.# 15095**  
**Folder RSN: 3589599**

Date	Type of Fee	Amount
April 22, 2015	CO Commercial Initial Fee	\$1,436.00
June 10, 2015	CO Commercial Reinspection Fee	\$718.00
July 13, 2015	CO Commercial Reinspection Fee	\$718.00
September 17, 2015	CO Commercial Reinspection Fee	\$718.00
October 15, 2015	CO Commercial Reinspection Fee	\$718.00

**PAY THIS AMOUNT: \$4,308.00**

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: \$4,308.00

Customer #: 770618

Ref. #: 15095

Folder RSN : 3589599

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