

Fire Certificate of Occupancy Fee Invoice

Check this box if making any name or mailing

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

THOMAS C. & NANCY SKILDUM 312 LION LANE

SHOREVIEW MN 55126-2158

address corrections.

Bill Date: January 4, 2016 Customer #: 938496

Amount Due: \$196.00

Due Date: February 4, 2016

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|--|-----------|--|---------------------------|--|--|
| | | ** Late fees will be charged if not paid by due date | | | |
| Property Address: 1552 HURON ST | | Ref.# 101811 Folder RSN: 1724840 | | | |
| Date December 31, 2015 | Type of F | ee al 1 & 2 Units Initial Fee | Amount \$196.00 | | |
| | P | PAY THIS AMOUNT: | \$196.00 | | |
| Mail to: Billing Saint Paul Fire Inspection 375 Jackson Street, Suite 220 St. Paul, MN 55101-1806 | | Make Checks Payable to: City of St. Paul ** Return this document with payment ** | | | |

| IF PAYING BY CREDIT CA | ARD PLEASE COMPLETE THE FO | OLLOWING INFORMA | TION: Pay this | s Amount: \$1 | 196.00 |
|-------------------------|----------------------------|----------------------------|----------------------------------|---------------|--------|
| Customer #: 938496 | Ref. #: 101811 | | Folder RSN : 172 | 24840 | |
| ☐ Amex ☐ Ma | sterCard Sa Security Code | Visc. Monto Card. Discover | Expiration Date: Month / Year | | |
| Enter Account Number | | | | | |