



Fire Certificate of Occupancy

**** 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

DOUA LOR
176 HAZEL ST N
SAINT PAUL MN 55119- 4915

Bill Date: March 3, 2016
Customer #: 1281921

Amount Due: \$595.00
Due Date: March 18, 2016

**** You were sent a Fire Inspection Fee Invoice and payment has not been received. ****
Payment must be received in this office no later than March 18, 2016 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
1608 MARGARET ST

Ref.# 120684
Folder RSN: 3659122

Date	Type of Fee	Amount
February 28, 2014	CO Residential 1 & 2 Units Initial Fee	\$170.00
May 6, 2014	CO Residential 1&2 Unit Reinspection Fee	\$85.00
August 7, 2014	CO Residential 1&2 Unit Reinspection Fee	\$85.00
December 7, 2015	CO Residential 1&2 Unit Reinspection Fee	\$85.00
January 5, 2016	CO Residential 1&2 Unit Reinspection Fee	\$85.00
January 29, 2016	CO Residential 1&2 Unit Reinspection Fee	\$85.00

PAY THIS AMOUNT: \$595.00

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 **



Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: \$595.00

Customer #: 1281921

Ref. #: 120684

Folder RSN : 3659122

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