



**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.

CHARLES MCCARTY
324 - - 3RD ST N
HUDSON WI 54016- 1003

Bill Date: July 18, 2016
Customer #: 1405521

Amount Due: \$808.00
Due Date: August 18, 2016

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

Property Address:
1764 YORK AVE

Ref.# 121012
Folder RSN: 3671775

Date	Type of Fee	Amount
November 7, 2013	Provisional CO Fee 2013	\$50.00
February 25, 2014	Provisional CO Fee 2014	\$50.00
March 11, 2015	Provisional CO Fee 2015	\$100.00
March 9, 2016	Provisional CO Fee 2016	\$103.00
April 11, 2016	CO Residential 1 & 2 Units Initial Fee	\$202.00
May 10, 2016	CO Residential 1&2 Unit Reinspection Fee	\$101.00
June 13, 2016	CO Residential 1&2 Unit Reinspection Fee	\$101.00
July 14, 2016	CO Residential 1&2 Unit Reinspection Fee	\$101.00

PAY THIS AMOUNT: \$808.00

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: \$808.00

Customer #: 1405521

Ref. #: 121012

Folder RSN : 3671775

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