



**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.

TENG YANG
 1324 WILSON AVE
 ST PAUL MN 55106- 5552

Bill Date: July 5, 2017
 Customer #: 1288020
 Amount Due: \$309.00
 Due Date: August 5, 2017

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

Property Address:
 1887 LACROSSE AVE

Ref.# 115825
Folder RSN: 3587869

Date	Type of Fee	Amount
April 7, 2017	CO Residential 1 & 2 Units Initial Fee	\$206.00
July 3, 2017	CO Residential 1&2 Unit Reinspection Fee	\$103.00

PAY THIS AMOUNT: \$309.00

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: \$309.00

Customer #: 1288020

Ref. #: 115825

Folder RSN : 3587869

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