SAINT PAUL

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

DAVID L KROENING TERRI L KROENING 3324 DANS DRIVE STEVENS POINT WI 54481 Bill Date: January 1, 2018 Customer #: 941646

Amount Due: \$484.00

Due Date: January 16, 2018

** You were sent a Fire Inspection Fee Invoice and payment has not been received. **
Payment must be received in this office no later than January 16, 2018 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address: 1119 LANE PLACE

Ref.# 105992

Folder RSN: 3674018

DateType of FeeAmountOctober 11, 2017CO Residential 1 & 2 Units Initial Fee\$242.00November 27, 2017CO Residential 1 & 2 Unit Reinspection Fee\$121.00November 29, 2017CO Residential 1 & 2 Unit Reinspection Fee\$121.00

PAY THIS AMOUNT: \$484.00

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 Cardhold	er (required for all charges):		
IF PAYING BY CREDIT CARI	D PLEASE COMPLETE THE FOLLOWING INI	FORMATION: Pay this	s Amount: \$484.00
Customer #: 941646	Ref. #: 105992	Folder RSN	T: 3674018
☐ Amex ☐ Maste	erCard Security Code	Expiration Date: Month / Year	
Enter Account Number			