



**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.

ALANA DIXSON
 572 DESNOYER
 ST PAUL MN 55104

Bill Date: August 17, 2017
 Customer #: 1528355

Amount Due: \$311.00
 Due Date: September 17, 2017

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

Property Address:
 572 DESNOYER AVE

Ref.# 124883
Folder RSN: 4412257

| Date | Type of Fee | Amount |
|-----------------|----------------------------------------|----------|
| August 15, 2017 | Provisional CO Fee 2017 | \$105.00 |
| August 15, 2017 | CO Residential 1 & 2 Units Initial Fee | \$206.00 |

PAY THIS AMOUNT: \$311.00

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: \$311.00

Customer #: 1528355

Ref. #: 124883

Folder RSN : 4412257

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|-----------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------|----------------------|--|--|--|--|--|
| <input type="checkbox"/> Amex | <input type="checkbox"/> MasterCard |  | Expiration Date: Month / Year | | | | | | |
| <input type="checkbox"/> Discover | <input type="checkbox"/> Visa | | | Security Code | | | | | |
| Enter Account Number | | | | | | | | | |