

## Fire Certificate of Occupancy Fee Invoice

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

ABBIE FINGER 5305 26TH AVE S MINNEAPOLIS MN 55417- 1923 Bill Date: August 17, 2018 Customer #: 1557637

Amount Due: \$242.00

Due Date: September 17, 2018

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

Property Address: 819 AURORA AVE

Ref.# 107978

Folder RSN: 4253992

DateType of FeeAmountJuly 16, 2018CO Residential 1 & 2 Units Initial Fee\$242.00

PAY THIS AMOUNT: \$242.00

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 INFORMA	ATION: Pay this Amount: \$242.00
Customer #: 1557637 Ref. #: 107978	Folder RSN : 4253992
☐ Amex ☐ MasterCard ☐ Discover ☐ Visa Security Code	Expiration Date: Month / Year
Enter Account Number	