



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

JESUS CERVANTES
1282 WINSLOW AVENUE
WEST ST PAUL MN 55118

Bill Date: April 18, 2019

Customer #: 939359

Amount Due: \$921.00

Due Date: May 3, 2019

**** You were sent a Fire Inspection Fee Invoice and payment has not been received. ****
Payment must be received in this office no later than May 3, 2019 or the fee invoice plus administrative costs will be submitted for assessment to your property tax.

Property Address:
627 OAKDALE AVE

Ref.# 106894
Folder RSN: 4398296

Date	Type of Fee	Bill #	Amount
June 15, 2018	CO Residential 1 & 2 Units Initial Fee	1426216	\$242.00
August 17, 2018	CO Residential 1&2 Units No Entry Penalty Fee	1426216	\$74.00
October 4, 2018	CO Residential 1&2 Unit Reinspection Fee	1426216	\$121.00
November 9, 2018	CO Residential 1&2 Unit Reinspection Fee	1426216	\$121.00
December 12, 2018	CO Residential 1&2 Unit Reinspection Fee	1426216	\$121.00
February 21, 2019	CO Residential 1&2 Unit Reinspection Fee	1426216	\$121.00
March 15, 2019	CO Residential 1&2 Unit Reinspection Fee	1426216	\$121.00

PAY THIS AMOUNT: \$921.00

You can pay this invoice online by going to **online.stpaul.gov** and selecting the '**Make a Payment**' option. You will need your customer number and bill number to process a payment - both can be found on this invoice.

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: \$921.00

Customer #: 939359

Ref. #: 106894

Folder RSN : 4398296

<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								