



**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.

ADDISALEM TADESSE  
 3438 N 4TH ST  
 MINNEAPOLIS MN 55412- 2618

Bill Date: March 5, 2019  
 Amount Due: \$280.00  
 Due Date: April 5, 2019  
 Customer #: 1346402

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

**Property Address:**  
 1131 ALBEMARLE ST

**Ref.# 105605**  
**Folder RSN: 4355560**

Date	Type of Fee	Bill #	Amount
January 10, 2019	CO Residential 1&2 Units No Entry Penalty Fee	1424196	\$74.00
January 10, 2019	CO Residential 1 & 2 Units Initial Fee	1424196	\$206.00

**PAY THIS AMOUNT: \$280.00**

You can pay this invoice online by going to [online.stpaul.gov](http://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  
 Department of Safety and Inspections  
 375 Jackson Street, Suite 220  
 Saint 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: \$280.00

Customer #: 1346402

Ref. #: 105605

Folder RSN : 4355560

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