



**CITY OF ST. PAUL**  
 DEPARTMENT OF SAFETY AND INSPECTIONS  
 375 JACKSON STREET, SUITE 220  
 ST. PAUL, MINNESOTA 55101-1806

**FENCE PERMIT APPLICATION**

Visit our Web Site at [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

PROJECT ADDRESS	Number	Street Name	St. Ave. Blvd. Etc.	N S E W	Suite/Apt	Building Name	Date
-----------------	--------	-------------	---------------------	---------	-----------	---------------	------

Contractor (Include Contact Person)	Address City State, Zip+4	Phone
(Permit will be mailed to the Contractor's Address)		

**Contractor's Email:**

Property Owner (Include Contact Person)	Address City State, Zip+4	Phone
---	---------------------------------	-------

The Fence will be erected on property which is :	<b>Type of Fence (Check all applicable boxes)</b>	<b>ESTIMATED VALUE OF PROJECT</b>
Commercial <input type="checkbox"/>	Non-Obscuring Fence (Chain Link, Rail, etc.) <input type="checkbox"/> 1	\$
Residential <input type="checkbox"/>	Privacy Fence (Obscuring) <input type="checkbox"/> 2	
Enter # of Dwelling Units <input type="checkbox"/>	Barbed Wire Fence <input type="checkbox"/> 3	Estimated Start Date:
	<b>(For Barbed Wire Fences Only: A Certificate of Insurance is Required Call 651-266-8989 for Insurance Requirements)</b>	Estimated Finish Date:

Fence Length : (Enter Total Lineal Feet)	Fence Height: Feet	Inches	Will the Fence be erected on a corner lot: Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--------------------	--------	--

**Description of Project:**

Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be complied with in performing the work for which this permit is issued.	<b>SUMMARY OF FEES</b>
Applicant's Signature : _____ Date : _____	

<b>For Office Use Only</b>					<b>Permit Fee</b>	\$
<b>Zoning Remarks</b>	(For Barbed Wire Fence Only) Certificate of Insurance Required <input type="checkbox"/>	Historical Preservation Required <input type="checkbox"/>	Zoning District Property Usage Reviewed By	Lot Size Width Depth Date	<b>Plan Check Fee</b>	\$
					<b>Total Permit Fee</b>	\$
					<b>(For Office Use Only)</b>	
<b>Plan Review Remarks</b>					<b>PERMIT #</b>	

**Signature of Cardholder (required for all charges):** \_\_\_\_\_

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

**If you are paying for your permit by *American Express, Discover, MasterCard* or *Visa*, you may fax your application.  
The credit card information section must be filled in and signed.  
Our FAX number is 651-266-9124.  
If paying by check, please mail the application and the check to us. Make checks payable to: City of Saint Paul**

Effective 01/01/2009

## **INSTRUCTIONS FOR FENCE PERMITS**

### **FEEES**

**\$37.00 for the first 200 lineal feet or fraction thereof erected and \$13.00 for each additional 100 lineal feet or fraction thereof.**

### **REQUIREMENTS**

**A site plan drawing must be submitted indicating the following information:**

- 1) All lot dimensions.**
- 2) Location of the dwelling unit and/or other structures.**
- 3) Street and alley locations.**
- 4) Location and height of fence segments.**

**NOTES: Corner Lots must be indicated.  
There are special requirements for obscuring fences at intersections.**

**Barbed Wire fence requires a Certificate of Insurance.  
Please call 651-266-8989 for specific insurance details.**

Building Inspectors are in the office for inspection requests between 7:30 AM - 9:00 AM, Monday - Friday.  
Phone number is 651-266-9002.

To Contact Plan Examiners, call 651-266-9007

Permit Fee Information can be obtained by calling 651-266-8989, Monday - Friday, 7:30 AM - 4:30 PM.

**Visit our Web Site at [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)**