DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, Director

CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: *651-266-9090*
Facsimile: *651-266-9124*
Web: *www.stpaul.gov/dsi*

REQUEST FOR FENCE VARIANCE
$70.00 PER FENCE VARIANCE
(Fees Eff.: 01/01/2009)

Folder #

ADDRESS OF VARIANCE:_____

OWNER ADDRESS: _____ CONTRACTOR ADDRESS: _____

CITY_____STATE_____ ZIP_____ CITY_____STATE_____ ZIP_____

PHONE W/AREA CODE_____-_____-_____ PHONE W/AREA CODE _____-_____-_____

FAX W/AREA CODE _____-_____-_____ FAX W/AREA CODE _____-_____-_____

FENCE DETAILS REQUIRED (A site plan indicating the location of the fence must be provided with this application)

Proposed length of fence (total lineal feet)	**Proposed height of fence**	**Will the fence be erected on a corner lot?**
Length of Fence: _____	Feet: _____ Inches: _____	Yes _____ No _____

Type of Fence: _____ Non-Obscuring Fence _____ Privacy Fence _____ Barbed Wire Fence

Fence Location: _____ Perimeter of Entire Yard _____ Front Yard Only _____ Rear or Side Yard Only

Sec. 33.07. Fences--Requirements.
Variances. A variance of the fence height regulations may be granted if, after investigation by the building official, it is found that site, or terrain, or nuisance animal conditions warrant a waiver of the height restrictions.

The property on which the fence is proposed satisfies the variance criteria (underlined in preceding box) for the following reason(s):

Check at least one item below and state the reason(s) you believe the property qualifies for variance consideration

_____ SITE CONDITIONS _____ TERRAIN CONDITIONS _____ NUISANCE ANIMAL CONDITIONS

REASON FOR VARIANCE REQUEST: _____

_____

_____

---------- Office Use Only Below This Line ----------

INSPECTOR'S OBSERVATIONS: _____

_____

INSPECTORS NAME: _____ Phone: 651 - _____ - _____

_____ **APPROVED** Date: _____ Building Official: _____ Phone: 651 -_____ - _____

_____ **DENIED** (This decision may be appealed to the legislative hearing officer by calling 651-266-8560.)

RETURN SIGNED RECOMMENDATION TO: _____ **AT THE FRONT COUNTER.**

PAYMENT CAN BE MADE BY CREDIT CARD

ACCOUNT NUMBER **MasterCard/Visa/Discovery/American Express** **EXPIRATION DATE**

																	month	year

_____ _____

Signature of Card Holder (**required for all charges)** DATE Rev 02/03/2015