

ZONING COMMITTEE STAFF REPORT

1. **FILE NAME:** Forrest Heating **FILE #** 14-324-859
 2. **APPLICANT:** Charles Forrest **HEARING DATE:** September 25, 2014
 3. **TYPE OF APPLICATION:** NUP - Establishment
 4. **LOCATION:** 995 Burns Ave, NE corner at Clermont
 5. **PIN & LEGAL DESCRIPTION:** 332922340098, Suburban Hills With Esmt & Ex W 65 Ft; S 1/2 Of Lot 24 Blk 30
 6. **PLANNING DISTRICT:** 4 **PRESENT ZONING:** R4
 7. **ZONING CODE REFERENCE:** §62.109 (a); §63.316; §65.141
 8. **STAFF REPORT DATE:** October 2, 2014 **BY:** Bill Dermody
 9. **DATE RECEIVED:** September 2, 2014 **60-DAY DEADLINE FOR ACTION:** November 1, 2014
-

- A. **PURPOSE:** Establishment of nonconforming use as a heating service business
- B. **PARCEL SIZE:** 9,090 sq. ft.
- C. **EXISTING LAND USE:** R-Duplex
- D. **SURROUNDING LAND USE:** Park to the north (R4), residential in other directions (R4, RM2)
- E. **ZONING CODE CITATION:** §62.109(a) lists the conditions under which the Planning Commission may grant a permit to establish legal nonconforming use status; §63.316 addresses paving requirements for residential duplexes and other land uses; §65.141 defines "home occupation" and provides standards and conditions.
- F. **HISTORY/DISCUSSION:** The site's zoning has not changed since 1975. The site received a Certificate of Occupancy in 2011 for two residential units. The heating service business use was first noted in the course of a Certificate of Occupancy inspection in 2014.
- G. **DISTRICT COUNCIL RECOMMENDATION:** As of the date of this staff report, the District 4 Council has not provided a recommendation.
- H. **FINDINGS:**
 1. The application requests establishment of nonconforming use as a heating service business.
 2. The submitted floor plans show the business use as occupying a majority of the principal structure's basement and a majority of the detached garage, totaling approximately 1,561 square feet dedicated to the business. The principal structure also contains two residential units that occupy the first and second floors.
 3. For a business to be within the definition and standards for a "home occupation," and thus be a conforming use in the R4 zoning district (without need for this application), it would be limited to no more than 2 employees (one of whom must live in the dwelling), could not involve use of the garage for the business, would not allow outdoor storage, could have no structural alteration to the dwelling for the primary purpose of conducting the business, could have no commercial vehicles and no more than one business car/pickup truck/small van, and would have to be for a use permitted in the B1 zoning district (including "service business" but not including "service business with showroom or workshop"). The applicant has verbally conveyed that the business involves office and storage, but no workshop or repair activities on-site.
 4. Aerial photographs show that a large portion of the lot has been paved since at least 1985. The Zoning Code restricts the amount of paving for two-family dwellings to 15% of the lot area or 1,000 square feet, whichever is less; based on staff measurements of aerial photographs, the subject site currently has approximately 4,400 square feet of paved area (48% of the lot area). This Zoning Code clause was adopted in 2009, before which there was no maximum amount of paving for two-family dwellings.
 5. Section 62.109(a) of the Zoning Code provides that the Planning Commission may grant legal nonconforming status to uses or structures that do not meet the standards for legal nonconforming status in section 62.102 if the commission makes the following findings:
 - (a) *The use or a nonconforming use of similar or greater intensity first permitted in the same zoning district or in a less restrictive zoning district has been in existence continuously for a*

period of at least ten (10) years prior to the date of the application. This finding appears to be met. The application materials include business tax documents listing the subject address for the past 10 years. The number of employees is listed as 0 in 2004, 4 in 2005, and 2 for all subsequent years' documents that contain such data. It is unclear which portions of the property (basement, garage) have been used for the business over this time period.

- (b) *The off-street parking is adequate to serve the use.* This finding is met. Though the number of parking spaces has not been confirmed through City site plan review, it appears that the site contains up to 9 parking spaces (3 in the garage, 4 adjacent to the principal structure, and 2 south of the garage). The duplex residential use requires a total of 3 parking spaces. The proposed heating service business (if considered a contractor shop) requires 1 space per 900 square feet of gross floor area, for a total of 2 parking spaces. The site's total parking requirement would then be 5 spaces.
- (c) *Hardship would result if the use were discontinued.* This finding is met. If the use were discontinued, the business would have to be relocated.
- (d) *Rezoning the property would result in "spot" zoning or a zoning inappropriate to surrounding land uses.* This finding is met. There is no commercial zoning adjacent to the site and surrounding uses are residential and park, with no commercial or mixed uses nearby.
- (e) *The use will not be detrimental to the existing character of development in the immediate neighborhood or endanger the public health, safety, or general welfare.* This finding is not met. The amount of paving and use of the garage are inconsistent with and detrimental to the residential character of the immediate neighborhood.
- (f) *The use is consistent with the comprehensive plan.* This finding is not met. The site is designated as being within an Established Neighborhood by the Comprehensive Plan, which calls for neighborhood-serving commercial uses only at the intersections of arterial and collector streets where commercial currently exists (Strategy LU 1.7). Neither Burns Avenue nor Clermont Street is an arterial or collector street adjacent to the site, and there is no existing adjacent commercial.
- (g) *A notarized petition of at least two-thirds of the owners of the described parcels of real estate within one hundred (100) feet the subject property has been submitted stating their support for the use.* This finding is met. The petition was found sufficient on August 28, 2014: 9 parcels eligible; 6 parcels required; 6 parcels signed.

- I. **STAFF RECOMMENDATION:** Based on the above findings, staff recommends denial of the establishment of nonconforming use as a heating service business.



NONCONFORMING USE PERMIT APPLICATION
 Department of Planning and Economic Development
 Zoning Section
 1400 City Hall Annex
 25 West Fourth Street
 Saint Paul, MN 55102-1634
 (651) 266-6589

Zoning Office Use Only
 File #: 14-324859
 Fee: 700⁰⁰
 Tentative Hearing Date: 9-25-14

#4
 332922340098

APPLICANT

Name Charles Forrest
 Address 23410 Heights Ave.
 City Maplewood St. MN Zip 55119 Daytime Phone ⁶⁵¹ 770-4585
 Name of Owner (if different) Arlys Forrest
 Contact Person (if different) Charles Forrest Phone ⁶⁵¹ 249-4829

PROPERTY LOCATION

Address/Location 995 Burns Ave.
 Legal Description _____
 Current Zoning R4
 (attach additional sheet if necessary)

TYPE OF PERMIT: Application is hereby made for a Nonconforming Use Permit under provisions of Chapter 62, Section 109 of the Zoning Code:

- The permit is for: Establishment of legal nonconforming use status for use in existence at least 10 years (para. a)
 Change of nonconforming use (para. c)
 Expansion or relocation of nonconforming use (para. d)
 Reestablishment of a nonconforming use vacant for more than one year (para. e)

SUPPORTING INFORMATION: Supply the information that is applicable to your type of permit.

Present/Past Use Small business in residential basement
 Proposed Use Same as existing use.

Attach additional sheets if necessary

Attachments as required Site Plan, Consent Petition Affidavit

Applicant's Signature Charles W Forrest Date 5-16-14 City Agent _____
 Add 8-25-14



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

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

Telephone: 651-266-8989
Facsimile: 651-266-8951
Web: www.stpaul.gov/dsi

May 7, 2014

ARDYS L FORREST
2346 HEIGHTS AVE
MAPLEWOOD MN 55119-5948

Revocation of Fire Certificate of Occupancy and Order to Vacate

RE: 995 BURNS AVE
Ref. # 107838

Dear Property Representative:

Your building was inspected on May 7, 2014, for the renewal of the Certificate of Occupancy. Since you have failed to comply with the applicable requirements, it has become necessary to revoke the Certificate of Occupancy in accordance with Section 40.06 of the Saint Paul Legislative Code.

A reinspection will be made on June 2, 2014 at 1:30pm or the property vacated.

The Saint Paul Legislative Code further provides that no building shall be occupied without a Certificate of Occupancy. Failure to immediately complete the following deficiency list or the building vacated may result in a criminal citation.

DEFICIENCY LIST

1. SPLC 62.101 - Use of this property may not conform to zoning ordinance. Discontinue unapproved use or call Mary Montgomery in DSI Zoning at (651) 266-9088 to convert to legal use. Business use in residential dwelling.

Saint Paul Legislative Code authorizes this inspection and collection of inspection fees. For forms, fee schedule, inspection handouts, or information on some of the violations contained in this report, please visit our web page at: <http://www.stpaul.gov/cofo>

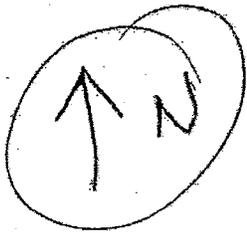
You have the right to appeal these orders to the Legislative Hearing Officer. Applications for appeals may be obtained at the Office of the City Clerk, 310 City Hall, City/County Courthouse, 15 W Kellogg Blvd, Saint Paul MN 55102 Phone: (651-266-8585) and must be filed within 10 days of the date of this order.

If you have any questions, email me at: george.niemeyer@ci.stpaul.mn.us or call me at 651-266-8991 between 7:30 - 9:00 a.m. Please help to make Saint Paul a safer place in which to live and work.

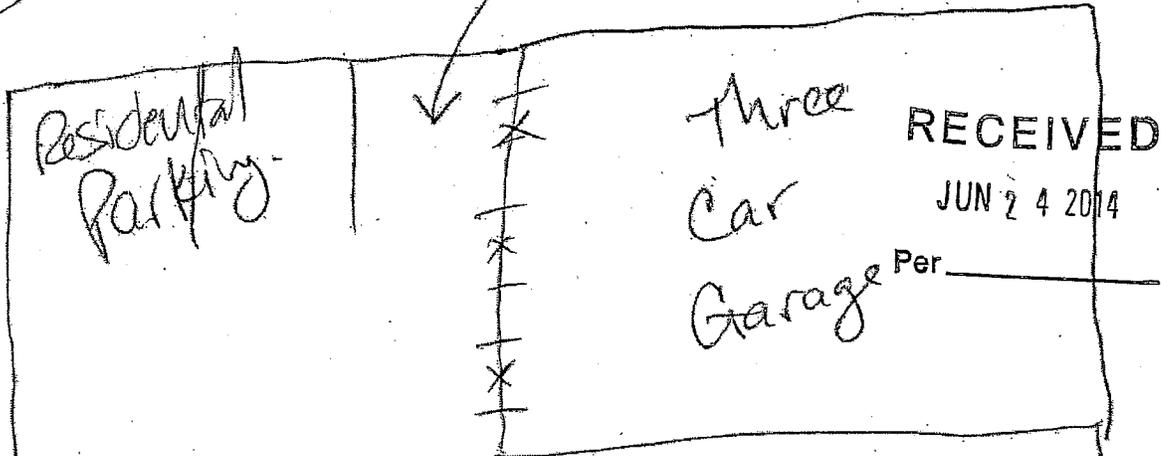
Sincerely,

George Niemeyer
Fire Inspector

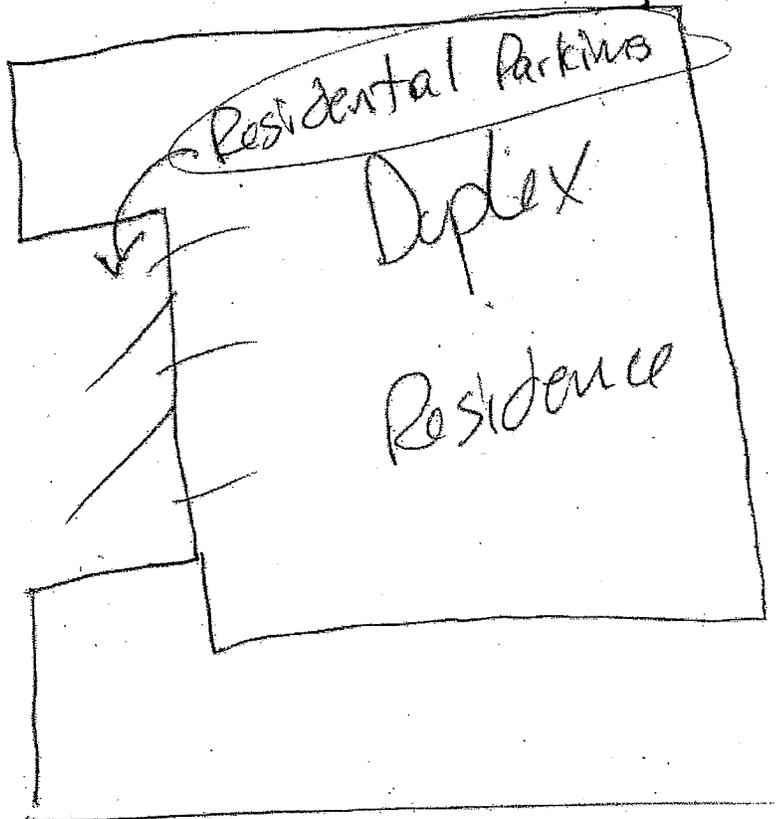
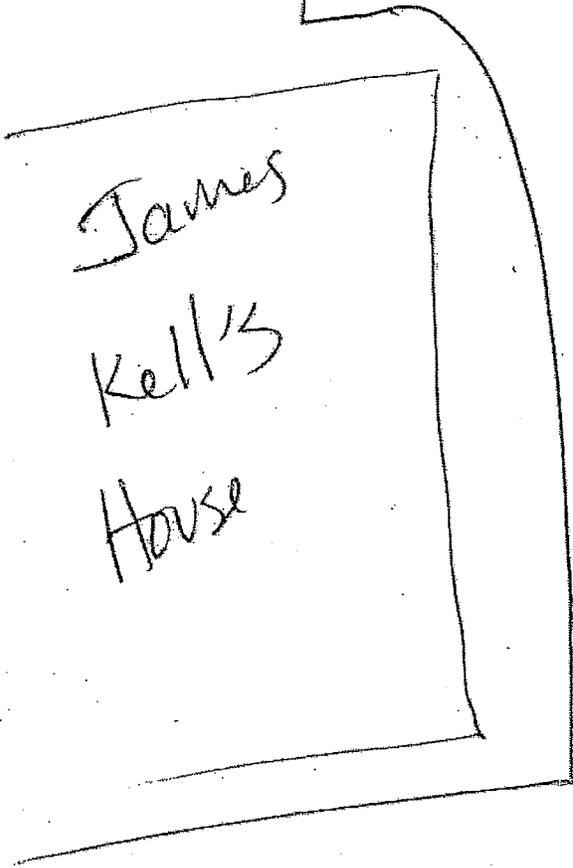
Ref. # 107838



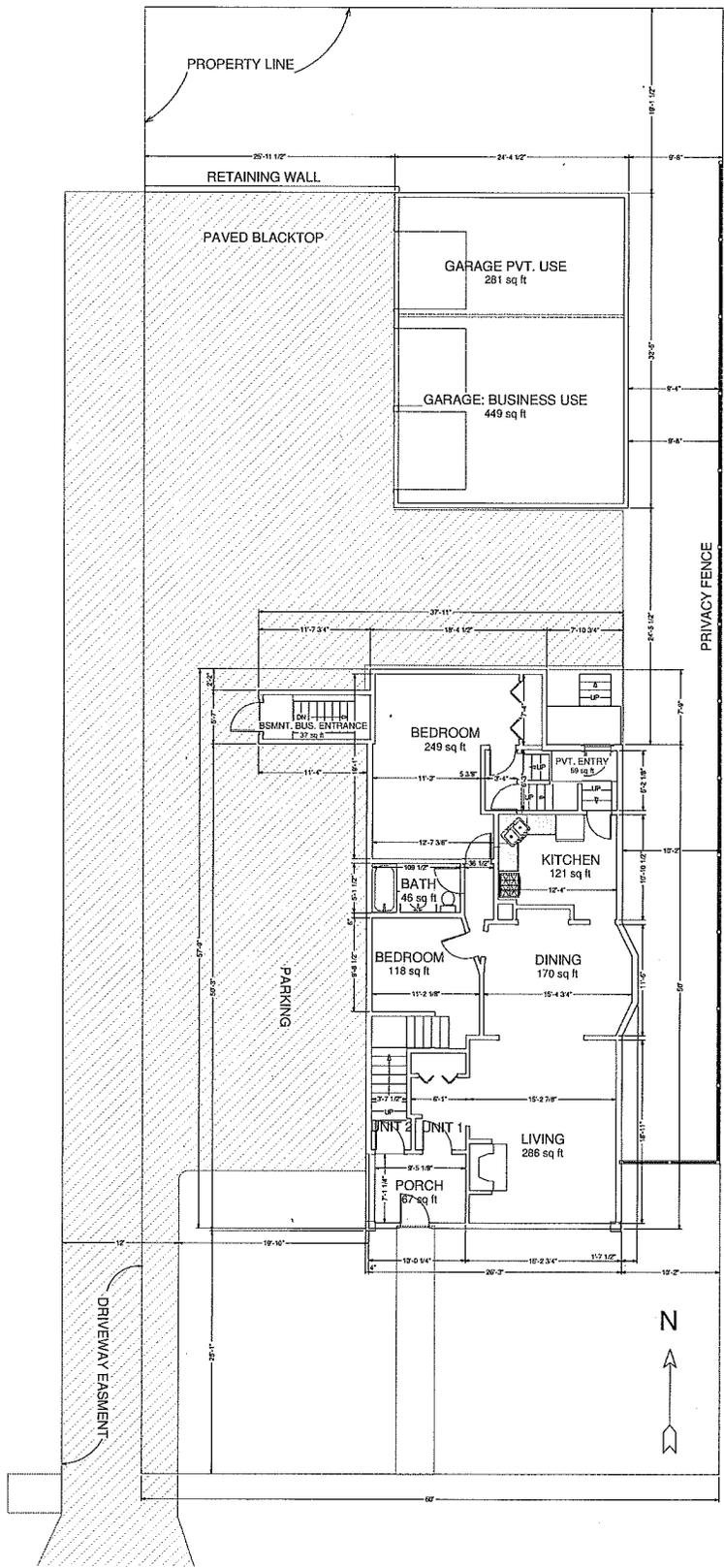
Business Vehicle Parking spot



Parking



Burns Ave

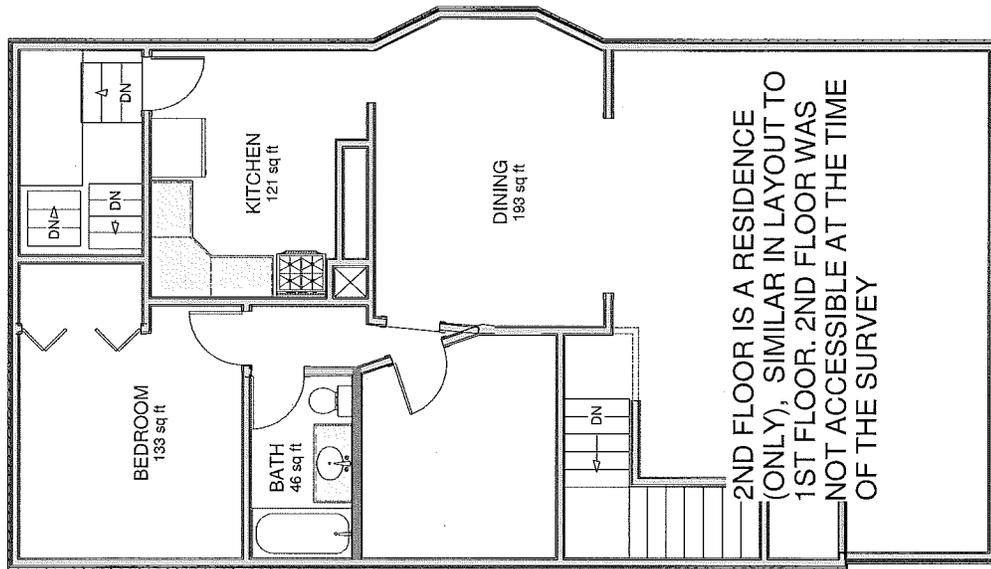


Sheet #
1

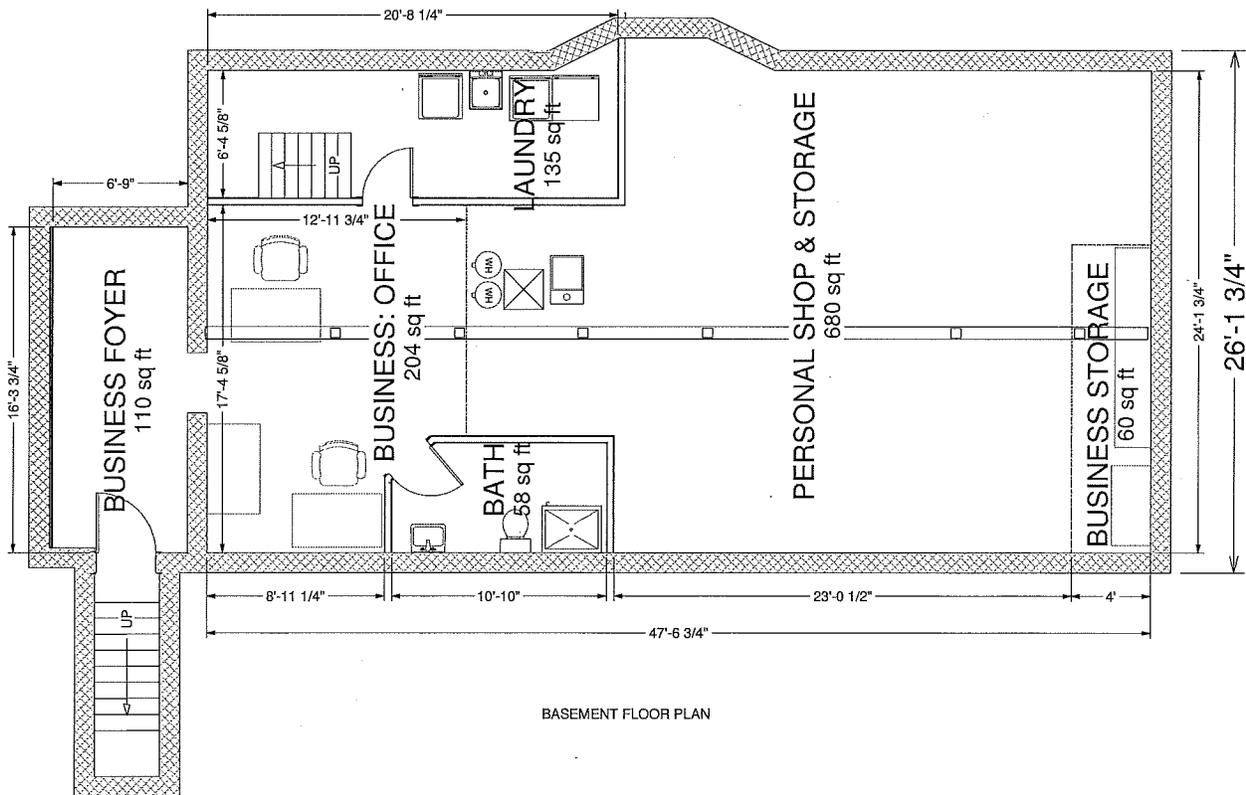
SITE PLAN & 1ST FLOOR PLAN

Application for NUP- Establishment 995 Burns Ave.
Charles Forrest - Forrest Heating
2346 Heights Ave.
Maplewood, MN 55119

1/8" = 1'
8/15/2014



2ND FLOOR FLOOR PLAN



Sheet #

2

BASEMENT AND 2ND FLOOR FLOOR PLANS

Application for NUP- Establishment 995 Burns Ave.
 Charles Forrest - Forrest Heating
 2346 Heights Ave.
 Maplewood, MN 55119

1/4" = 1'

8/15/2014

Request for Continuance

Date

9/22/14

Gaius Nelson, Chair
Zoning Committee
City of Saint Paul
1400 City Hall Annex
Saint Paul, Minnesota 55102

Re: Zoning File # 14-324-859 Forrest Heating

Dear Mr. Nelson:

I am the applicant or the applicant's duly appointed representative for this zoning file.

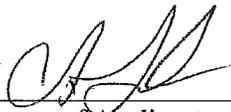
I request a continuance of the public hearing on the application in this zoning file, which is presently scheduled before the Zoning Committee on September 25, 2014.

I understand that a continuance of the public hearing before the Zoning Committee means that the decision of the Planning Commission on this application, which is presently scheduled for October 3, 2014, will also be continued.

I request that the Zoning Committee continue the public hearing for this zoning file to October 9, 2014 at 3:30pm, I understand that the Planning Commission would then be scheduled to make their decision on October 17, 2014 at 8:30am.

I am aware of and understand the statutory requirements found in Minn. Statue § 15.99 (1995) requiring the City of Saint Paul to approve or deny this application within sixty days of its submission. I desire to extend the sixty day period for a City decision under Minn. Stat. §15.99 by 14 days to November 15, 2014, to accommodate the continuance I am requesting.

Sincerely,



Signature of Applicant or
Applicant's duly appointed
representative

Charles Forrest

Printed name of Applicant or
Applicant's duly appointed
representative

Form **941 for 2013** Employer's **QUARTERLY** Federal Tax Return

970113

(Rev. January 2013) Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

(EIN) Employer identification number 41-1000948
 Name (not a trade name) FORREST HEATING, INC.
 Trade name (if any) Forrest Heating, Inc.
 Address 995 BURNS AVENUE
ST. PAUL. MN 55106

Report for this Quarter of 2013 (Check one.)
 1: January, February, March
 2: April, May, June
 3: July, August, September
 4: October, November, December
 Instructions and prior-year forms are available at www.irs.gov/form941.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

CBM72901 03/08/13

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)	1	<u>2</u>
2	Wages, tips, and other compensation	2	<u>17,140.00</u>
3	Income tax withheld from wages, tips, and other compensation	3	<u>2,366.00</u>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages	<u>17,140.00</u> x .124 =	<u>2,125.36</u>
5b	Taxable social security tips	x .124 =	
5c	Taxable Medicare wages & tips	<u>17,140.00</u> x .029 =	<u>497.06</u>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	x .009 =	
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<u>2,622.42</u>
5f	Section 3121(g) Notice and Demand - Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments (add lines 3, 5e, and 5f)	6	<u>4,988.42</u>
7	Current quarter's adjustment for fractions of cents	7	<u>0.02</u>
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	<u>4,988.44</u>
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X filed in the current quarter	11	<u>4,988.44</u>
12a	COBRA premium assistance payments (see instructions)	12a	
12b	Number of individuals provided COBRA premium assistance		
13	Add lines 11 and 12a	13	<u>4,988.44</u>
14	Balance due. If line 10 is more than line 13, enter difference and see instructions	14	
15	Overpayment. If line 13 is more than line 10, enter difference	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

RECEIVED

JUN 24 2014

Per _____

▶ You MUST complete both pages of Form 941 and SIGN it.

Next ▶

Form **1096**
Department of the Treasury
Internal Revenue Service

Annual Summary and Transmittal of U.S. Information Returns

2012

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JUN 24 2014

Per _____
For Official Use Only

□ □ □ □ □ □ □ □

FILER'S name
Forrest Heating, Inc.

Street address (including room or suite number)
995 Burns Avenue

City, state, and ZIP code
St Paul, MN 55106

Name of person to contact
John F. Hasskamp
Telephone number
(651) 483-4971

Email address
hasskamp@msn.com
Fax number
(651) 483-4971

1 Employer identification number **41-1000948** 2 Social security number 3 Total number of forms **2** 4 Federal income tax withheld \$ 5 Total amount reported with this Form 1096 \$ **4440.00**

6 Enter an "X" in only one box below to indicate the type of form being filed. 7 If this is your final return, enter an "X" here

W-2G 32 <input type="checkbox"/>	1097-BTC 50 <input type="checkbox"/>	1098 81 <input type="checkbox"/>	1098-C 78 <input type="checkbox"/>	1098-E 84 <input type="checkbox"/>	1098-T 83 <input type="checkbox"/>	1099-A 80 <input type="checkbox"/>	1099-B 79 <input type="checkbox"/>	1099-C 85 <input type="checkbox"/>	1099-CAP 73 <input type="checkbox"/>	1099-DIV 91 <input type="checkbox"/>	1099-G 86 <input type="checkbox"/>	1099-H 71 <input type="checkbox"/>	1099-INT 92 <input type="checkbox"/>
1099-K 10 <input type="checkbox"/>	1099-LTC 93 <input type="checkbox"/>	1099-MISC 95 <input checked="" type="checkbox"/>	1099-OID 96 <input type="checkbox"/>	1099-PATR 97 <input type="checkbox"/>	1099-Q 31 <input type="checkbox"/>	1099-R 98 <input type="checkbox"/>	1099-S 75 <input type="checkbox"/>	1099-SA 94 <input type="checkbox"/>	3921 25 <input type="checkbox"/>	3922 26 <input type="checkbox"/>	5498 28 <input type="checkbox"/>	5498-ESA 72 <input type="checkbox"/>	5498-SA 27 <input type="checkbox"/>

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶

Title ▶

Date ▶

Instructions

Reminder. The only acceptable method of filing information returns with Internal Revenue Service/Information Returns Branch is electronically through the FIRE system. See Pub. 1220, Specifications for Filing Forms 1097, 1098, 1099, 3921, 3922, 5498, 8935, and W-2G Electronically.

Purpose of form. Use this form to transmit paper Forms 1097, 1098, 1099, 3921, 3922, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically. For electronic submissions, see Pub. 1220.

Caution. If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2012 General Instructions for Certain Information Returns. Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper-left area of Forms 1097, 1098, 1099, 3921, 3922, 5498, or W-2G. A filer is any person or entity who files any of the forms shown in line 6 above.

Enter the filer's name; address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 as follows.

- With Forms 1097, 1098, 1099, 3921, 3922, or W-2G, file by February 28, 2013.
- With Form 5498, file by May 31, 2013.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following three-line address

Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia

Department of the Treasury
Internal Revenue Service Center
Austin, TX 73301

(EIN)
 Employer identification number 41-1000948

Name (not your trade name) FORREST HEATING, INC.

Trade name (if any) Forrest Heating, Inc.

Address 995 BURNS AVENUE
ST. PAUL MN 55106

Type of Return (Check all that apply.)

a. Amended

b. Successor employer

c. No payments to employees in 2011

d. Final: Business closed or stopped paying wages

Prior-year forms are available at www.irs.gov/form940.

Read the separate instructions before you complete this form. Please type or print within the boxes.
 Part 1: Tell us about your return. If any line does NOT apply, leave it blank.

1 a If you had to pay state unemployment tax in one state only, enter the state abbreviation ... 1 a MN
 1 b If you had to pay state unemployment tax in more than one state, you are a multi-state employer 1 b Check here. Complete Schedule A (Form 940).

2 If you paid wages in a state that is subject to CREDIT REDUCTION ... 2 Check here. Complete Schedule A (Form 940).

Part 2: Determine your FUTA tax before adjustments for 2011. If any line does NOT apply, leave it blank.

3 Total payments to all employees 3 61,260.00

4 Payments exempt from FUTA tax 4 _____

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JUN 24 2014

Check all that apply: 4a Fringe benefits 4c Retirement/Pension 4e Other
 4b Group-term life insurance 4d Dependent care

5 Total of payments made to each employee in excess of \$7,000 5 47,260.00

6 Subtotal (line 4 + line 5 = line 6) 6 47,260.00

7a Total taxable FUTA wages (line 3 - line 6 = line 7a) (see instructions) 7a 14,000.00

7b Line 7a FUTA wages paid before 7/1/2011 7b 13,000.00 x .008 = 7c 104.00

7d Line 7a FUTA wages paid after 6/30/2011 7d 1,000.00 x .006 = 7e 6.00

8 FUTA tax before adjustments (line 7c + line 7e = line 8) 8 110.00

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by .054 (line 7a x .054 = line 9). Go to line 12 9 _____

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet ... 10 _____

11 If credit reduction applies, enter the amount from Schedule A (Form 940) 11 42.00

Part 4: Determine your FUTA tax and balance due or overpayment for 2011. If any line does NOT apply, leave it blank.

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) 12 152.00

13 FUTA tax deposited for the year, including any overpayment applied from a prior year 13 152.00

14 Balance due (If line 12 is more than line 13, enter the difference on line 14.)
 • If line 14 is more than \$500, you must deposit your tax.
 • If line 14 is \$500 or less, you may pay with this return. (see instructions) 14 _____

15 Overpayment (If line 13 is more than line 12, enter the excess on line 15 and check a box below) 15 _____

You MUST complete both pages of this form and SIGN it.

Check one: Apply to next return. Send a refund.

(EIN) Employer identification number 41-1000948

Name (not your trade name) FORREST HEATING, INC.

Trade name (if any) Forrest Heating, Inc.

Address 995 BURNS AVENUE
ST. PAUL MN 55106

Report for this Quarter of 2010 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

QBMT2901 02/22/10

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)	1	<u>2</u>
2	Wages, tips, and other compensation	2	<u>22,039.88</u>
3	Income tax withheld from wages, tips, and other compensation	3	<u>3,618.50</u>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
5	Taxable social security and Medicare wages and tips:		
5a	Taxable social security wages	Column 1 <u>22,039.88</u> x .124 =	Column 2 <u>2,732.95</u>
5b	Taxable social security tips	x .124 =	
5c	Taxable Medicare wages & tips ...	<u>22,039.88</u> x .029 =	<u>639.16</u>
5d	Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)	5d	<u>3,372.11</u>
6	Total taxes before adjustments (lines 3 + 5d = line 6)	6	<u>6,990.61</u>
7	CURRENT QUARTER'S ADJUSTMENTS, for example, a fractions of cents adjustment. See the instructions.		
7a	Current quarter's fractions of cents		<u>0.01</u>
7b	Current quarter's sick pay		
7c	Current quarter's adjustments for tips and group-term life insurance		
7d	TOTAL ADJUSTMENTS. Combine all amounts on lines 7a through 7c	7d	<u>0.01</u>
8	Total taxes after adjustments. Combine lines 6 and 7d	8	<u>6,990.62</u>
9	Advance earned income credit (EIC) payments made to employees	9	
10	Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)	10	<u>6,990.62</u>
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X		<u>6,990.62</u>
12a	COBRA premium assistance payments (see instructions)		
12b	Number of individuals provided COBRA premium assistance reported on line 12a		
13	Add lines 11 and 12a	13	<u>6,990.62</u>
14	Balance due. If line 10 is more than line 13, enter the difference here	14	

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 JUN 24 2014

Check one Apply to next return.
 Send a refund.

COPY

970109

OMB No. 1545-0023

Report for this Quarter of 2009 (Check one.)

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

QBMT2901 02/25/09

(EIN) Employer identification number 41-1000948

Name (not your trade name) FORREST HEATING, INC.

Trade name (if any) Forrest Heating, Inc.

Address 995 BURNS AVENUE
ST. PAUL MN 55106

Part 1: Answer these questions for this quarter.

- | | | | |
|-----|---|--|------------------|
| 1 | Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) | 1 | <u>2</u> |
| 2 | Wages, tips, and other compensation | 2 | <u>26,877.00</u> |
| 3 | Income tax withheld from wages, tips, and other compensation | 3 | <u>4,221.00</u> |
| 4 | If no wages, tips, and other compensation are subject to social security or Medicare tax | <input type="checkbox"/> Check and go to line 6. | |
| 5 | Taxable social security and Medicare wages and tips: | | |
| | | Column 1 | Column 2 |
| 5a | Taxable social security wages | <u>26,877.00</u> x .124 = | <u>3,332.75</u> |
| 5b | Taxable social security tips | x .124 = | |
| 5c | Taxable Medicare wages & tips | <u>26,877.00</u> x .029 = | <u>779.43</u> |
| 5d | Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d) | 5d | <u>4,112.18</u> |
| 6 | Total taxes before adjustments (lines 3 + 5d = line 6) | 6 | <u>8,333.18</u> |
| 7 | CURRENT QUARTER'S ADJUSTMENTS, for example, a fractions of cents adjustment. See the instructions. | | |
| 7a | Current quarter's fractions of cents | | |
| 7b | Current quarter's sick pay | | |
| 7c | Current quarter's adjustments for tips and group-term life insurance | | |
| 7d | TOTAL ADJUSTMENTS. Combine all amounts on lines 7a through 7c | 7d | |
| 8 | Total taxes after adjustments. Combine lines 6 and 7d | 8 | <u>8,333.18</u> |
| 9 | Advance earned income credit (EIC) payments made to employees | 9 | |
| 10 | Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10) | 10 | <u>8,333.18</u> |
| 11 | Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X | | <u>8,333.18</u> |
| 12a | COBRA premium assistance payments (see instructions) | | |
| 12b | Number of individuals provided COBRA premium assistance reported on line 12a | | |
| 13 | Add lines 11 and 12a | 13 | <u>8,333.18</u> |
| 14 | Balance due. If line 10 is more than line 13, enter the difference here. For information on how to pay, see the instructions. | 14 | |
| 15 | Overpayment. If line 13 is more than line 10, enter the difference here | | |

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JUN 24 2014

Per _____

Check one Apply to next return.
 Send a refund.

Next ▶

Form **941 for 2008:** **Employer's QUARTERLY Federal Tax Return**
 (Rev. January 2008) Department of the Treasury - Internal Revenue Service

COPY

970308

OMB No. 1545-0029

(EIN) Employer identification number 41-1000948

Name (not your trade name) FORREST HEATING, INC.

Trade name (if any) Forrest Heating, Inc.

Address 995 BURNS AVENUE
ST. PAUL MN 55106

Report for this Quarter of 2008 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

QBMT2901 02/12/08

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)	1	<u>2</u>
2	Wages, tips, and other compensation	2	<u>27,867.00</u>
3	Total income tax withheld from wages, tips, and other compensation	3	<u>4,448.00</u>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
5	Taxable social security and Medicare wages and tips:	Column 1	Column 2
5a	Taxable social security wages	<u>27,867.00</u> x .124 =	<u>3,455.51</u>
5b	Taxable social security tips	x .124 =	
5c	Taxable Medicare wages & tips	<u>27,867.00</u> x .029 =	<u>808.14</u>
5d	Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)	5d	<u>4,263.65</u>
6	Total taxes before adjustments (lines 3 + 5d = line 6)	6	<u>8,711.65</u>
7	TAX ADJUSTMENTS (Read the instructions for line 7 before completing lines 7a through 7g):		
7a	Current quarter's fractions of cents		<u>-0.05</u>
7b	Current quarter's sick pay		
7c	Current quarter's adjustments for tips and group-term life insurance		
7d	Current year's income tax withholding (attach Form 941c)		
7e	Prior quarter's social security and Medicare taxes (attach Form 941c)		
7f	Special additions to federal income tax (attach Form 941c)		
7g	Special additions to social security and Medicare (attach Form 941c)		
7h	TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g)	7h	<u>-0.05</u>
8	Total taxes after adjustments (Combine lines 6 and 7h.)	8	<u>8,711.60</u>
9	Advance earned income credit (EIC) payments made to employees	9	
10	Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)	10	<u>8,711.60</u>
11	Total deposits for this quarter, including overpayment applied from a prior quarter	11	<u>8,711.60</u>
12	Balance due (If line 10 is more than line 11, enter the difference here.)	12	
13	Overpayment (If line 11 is more than line 10, enter the difference here.)		

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JUN 24 2014

Per _____

Form **1096**
Department of the Treasury
Internal Revenue Service

Annual Summary and Transmittal of U.S. Information Returns

2007

FILER'S name
Forrest Heating, Inc.

Street address (including room or suite number)
995 Burns Avenue

City, state, and ZIP code
St. Paul, MN 55106

For Official Use Only
[] [] [] [] [] [] [] []

Name of person to contact
John F. Hasskamp
Telephone number
(651) 483-4971
Email address
hasskamp@msn.com
Fax number
(651) 483-4971

1 Employer identification number 41-1000948
2 Social security number
3 Total number of forms 1
4 Federal income tax withheld \$
5 Total amount reported with this Form 1096 \$ 3166.00

Enter an "X" in only one box below to indicate the type of form being filed. If this is your final return, enter an "X" here

W-2G 32 <input type="checkbox"/>	1098 81 <input type="checkbox"/>	1098-C 78 <input type="checkbox"/>	1098-E 84 <input type="checkbox"/>	1098-T 83 <input type="checkbox"/>	1099-A 80 <input type="checkbox"/>	1099-B 79 <input type="checkbox"/>	1099-C 85 <input type="checkbox"/>	1099-CAP 73 <input type="checkbox"/>	1099-DIV 91 <input type="checkbox"/>	1099-G 86 <input type="checkbox"/>	1099-H 71 <input type="checkbox"/>	1099-INT 92 <input checked="" type="checkbox"/>	1099-LTC 93 <input type="checkbox"/>
--	--	--	--	--	--	--	--	--	--	--	--	---	--

1099-MISC 95 <input type="checkbox"/>	1099-OID 96 <input type="checkbox"/>	1099-PATR 97 <input type="checkbox"/>	1099-Q 31 <input type="checkbox"/>	1099-R 98 <input type="checkbox"/>	1099-S 75 <input type="checkbox"/>	1099-SA 94 <input type="checkbox"/>	5498 28 <input type="checkbox"/>	5498-ESA 72 <input type="checkbox"/>	5498-SA 27 <input type="checkbox"/>
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JUN 24 2008

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable. Per _____

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature [Signature] Title Accountant Date 1/27/2008

Instructions

Purpose of form. Use this form to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically or magnetically. For magnetic media, see Form 4804, Transmittal of Information Returns Reported Magnetically; for electronic submissions, see Pub. 1220, Specifications for Filing Forms 1098, 1099, 5498, and W-2G Electronically or Magnetically.

Who must file. The name, address, and TIN of the filer on form must be the same as those you enter in the upper left area of Forms 1099, 1098, 5498, or W-2G. A filer includes a payer; a recipient of mortgage interest payments (including points) or student loan interest; an educational institution; a broker; a barter exchange; a creditor; a person reporting real estate transactions; a trustee or issuer of any individual retirement arrangement; a Coverdell ESA, an HSA, an Archer MSA (including a Medicare Advantage MSA); certain corporations; certain donees of motor vehicles, boats, and airplanes; and a lender who acquires an interest in secured property or who has reason to know that the property has been abandoned.

Preaddressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1099, use it to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 as follows.
• With Forms 1099, 1098, or W-2G, file by February 28, 2008.
• With Forms 5498, 5498-ESA, or 5498-SA, file by June 2, 2008.

Where To File
Except for Form 1098-C, send all information returns filed on paper with Form 1096 to the following:

<p>If your principal business, office or agency, or legal residence in the case of an individual, is located in</p> <p>Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia</p>	<p>Use the following Internal Revenue Service Center address</p> <p>Austin, TX 73301</p>
--	--

Alaska, California, Colorado, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Utah, Washington, Wisconsin, Wyoming

Kansas City, MO 64999

COPY

970106

OMB No. 1545-0029

(EIN) Employer identification number 41-1000948

Name (not your trade name) Forrest Heating, Inc.

Trade name (if any) _____

Address 995 Burns Avenue
St. Paul MN 55106

Report for this Quarter... (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

QBMT2901 02/23/06

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)	1	<u>2</u>
2	Wages, tips, and other compensation	2	<u>27,057.00</u>
3	Total income tax withheld from wages, tips, and other compensation	3	<u>4,438.00</u>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
5	Taxable social security and Medicare wages and tips:		
5a	Taxable social security wages	Column 1 <u>27,057.00</u> x .124 =	Column 2 <u>3,355.07</u>
5b	Taxable social security tips	x .124 =	
5c	Taxable Medicare wages & tips	<u>27,057.00</u> x .029 =	<u>784.65</u>
5d	Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)	5d	<u>4,139.72</u>
6	Total taxes before adjustments (lines 3 + 5d = line 6)	6	<u>8,577.72</u>
7	TAX ADJUSTMENTS (Read the instructions for line 7 before completing lines 7a through 7h.):		
7a	Current quarter's fractions of cents		
7b	Current quarter's sick pay		
7c	Current quarter's adjustments for tips and group-term life insurance		
7d	Current year's income tax withholding (attach Form 941c)		
7e	Prior quarter's social security and Medicare taxes (attach Form 941c)		
7f	Special additions to federal income tax (attach Form 941c)		
7g	Special additions to social security and Medicare (attach Form 941c)		
7h	TOTAL ADJUSTMENTS: (Combine all amounts: lines 7a through 7g.)	7h	
8	Total taxes after adjustments (Combine lines 6 and 7h.)	8	<u>8,577.72</u>
9	Advance earned income credit (EIC) payments made to employees	9	
10	Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)	10	<u>8,577.72</u>
11	Total deposits for this quarter, including overpayment applied from a prior quarter	11	<u>8,577.72</u>
12	Balance due (If line 10 is more than line 11, write the difference here.) Make checks payable to the <i>United States Treasury</i> .	12	
13	Overpayment (If line 11 is more than line 10, write the difference here.)		

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Check one Apply to next return.
 Send a refund.

Form **941 for 2005**: **Employer's Quarterly Federal Tax Return**
 (Rev. January 2005) Department of the Treasury - Internal Revenue Service

COPY

9701

Employer identification number 41-1000948

Name (not your trade name) Forrest Heating, Inc.

Trade name (if any) Forrest Heating, Inc.

Address 995 Burns Avenue
St. Paul MN 55106

Report for this Quarter... (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

OMB No. 1545-0029

QBMA2901 06/01/05

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)	1	<u>4</u>
2	Wages, tips, and other compensation	2	<u>30,009.50</u>
3	Total income tax withheld from wages, tips, and other compensation	3	<u>4,116.00</u>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
5	Taxable social security and Medicare wages and tips:		
5a	Taxable social security wages	Column 1	Column 2
		<u>30,009.50</u>	<u>3,721.18</u>
5b	Taxable social security tips		
5c	Taxable Medicare wages & tips		
		<u>30,009.50</u>	<u>870.28</u>
5d	Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)	5d	<u>4,591.46</u>
6	Total taxes before adjustments (lines 3 + 5d = line 6)	6	<u>8,707.46</u>
7	Tax adjustments (If your answer is a negative number, enter it with a minus sign):		
7a	Current quarter's fractions of cents		<u>0.04</u>
7b	Current quarters' sick pay		
7c	Current quarter's adjustments for tips and group-term life insurance		
7d	Current year's income tax withholding (Attach Form 941c)		
7e	Prior quarters' social security and Medicare taxes (Attach Form 941c)		
7f	Special additions to federal income tax (reserved use)		
7g	Special additions to social security and Medicare (reserved use)		
7h	Total adjustments (Combine all amounts; lines 7a through 7g.)	7h	<u>0.04</u>
8	Total taxes after adjustments (Combine lines 6 and 7h.)	8	<u>8,707.50</u>
9	Advanced earned income credit (EIC) payments made to employees	9	
10	Total taxes after adjustment for advance EIC (lines 8 - 9 = line 10)	10	<u>8,707.50</u>
11	Total deposits for this quarter, including overpayment applied from a prior quarter	11	<u>8,707.50</u>
12	Balance due (lines 10 - 11 = line 12) Make checks payable to the United States Treasury	12	
13	Overpayment (If line 11 is more than line 10, enter the difference here.)		

Check one Apply to next return.
 Send a refund.

4th quarter

Form 941 (Rev. January 2004)

Employer's Quarterly Federal Tax Return

See separate instructions revised January 2004 for information on completing this return. Please type or print.

Department of the Treasury Internal Revenue Service (99)

OMB No. 1545-0029

Enter state code for state in which deposits were made only if different from state in address to the right (see instructions).

Name (as distinguished from trade name)
Forrest Heating, Inc.
Trade name, if any
Forrest Heating, Inc.
Address (number and street)
995 Burns Avenue

Date quarter ended
12/31/04
Employer identification number
41-1000948

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JUN 24 2014

State ZIP code
MN 55106

City
St. Paul

If address is different from prior return, check here

1	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	3	4	4	5	5	5
6	7	8	8	8	8	8	8	8	8	8	9	9	9	9	9	10	10	10	10	10	10	10

A	If you do not have to file returns in the future, check here	<input type="checkbox"/>	and enter date final wages paid	
B	If you are a seasonal employer, see Seasonal employers in the instructions and check here	<input type="checkbox"/>		
1	Number of employees in the pay period that includes March 12th		1	0
2	Total wages and tips, plus other compensation			32012.79
3	Total income tax withheld from wages, tips, and sick pay			5460.56
4	Adjustment of withheld income tax for preceding quarters of this calendar year			0.00
5	Adjusted total of income tax withheld (line 3, as adjusted by line 4)			5460.56
6	Taxable social security wages	6a	31620.94	3921.00
		6c	0.00	0.00
7	Taxable Medicare wages and tips	7a	32012.79	928.37
8	Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages are not subject to social security and/or Medicare tax			4849.37
9	Adjustment of social security and Medicare taxes (see instructions for required explanation)			-0.14
	Sick pay \$ 0.00 +/- Fractions of cents \$ -0.14 +/- Other \$ 0.00 =			4849.23
10	Adjusted total of social security and Medicare taxes (line 8, as adjusted by line 9)			10309.79
11	Total taxes (add lines 5 and 10)			0.00
12	Advance earned income credit (EIC) payments made to employees (see instructions)			
13	Net taxes (subtract line 12 from line 11). If \$2,500 or more, this must equal line 17, column (d) below (or line D of Schedule B (Form 941))			10309.79
14	Total deposits for quarter, including overpayment applied from a prior quarter			10518.00
15	Balance due (subtract line 14 from line 13). See instructions			0.00
16	Overpayment. If line 14 is more than line 13, enter excess here		\$ 208.21	

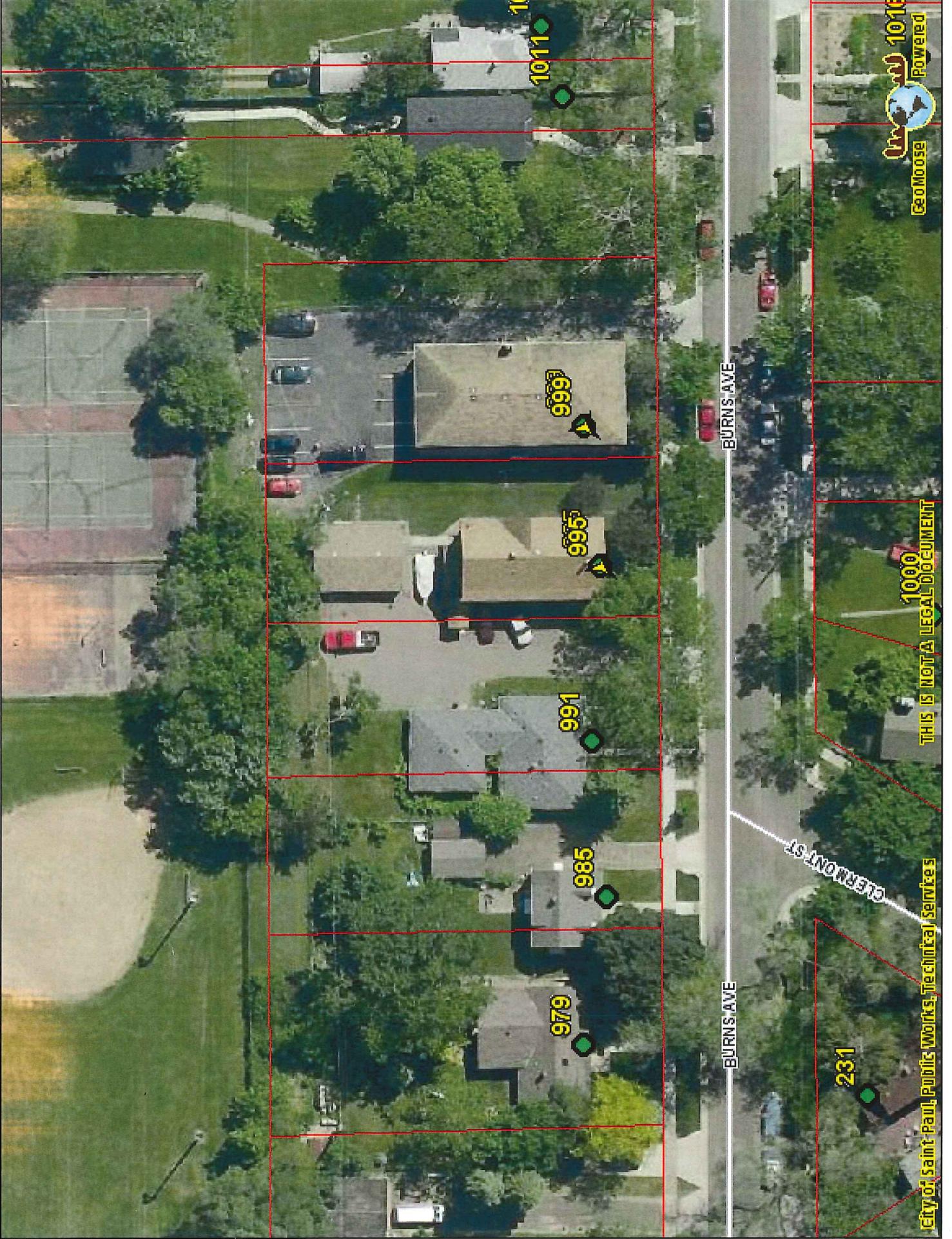
17 Monthly Summary of Federal Tax Liability. (Complete Schedule B (Form 941) instead, if you were a semiweekly schedule depositor.)			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter
3228.87	3423.16	3657.76	10309.79

Do you want to allow another person to discuss this return with the IRS (see separate instructions)? Yes. Complete the following. No

Third Party Designee: Designee's Name, Phone Number, Personal ID Number (PIN)

Sign Here: Signature, Print Your Name and Title, Date

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form 941 (Rev 1-2004)



THIS IS NOT A LEGAL DOCUMENT

City of Saint Paul, Public Works, Technical Services

BURNS AVE

BURNS AVE

CLEMONT ST

1011

999

995

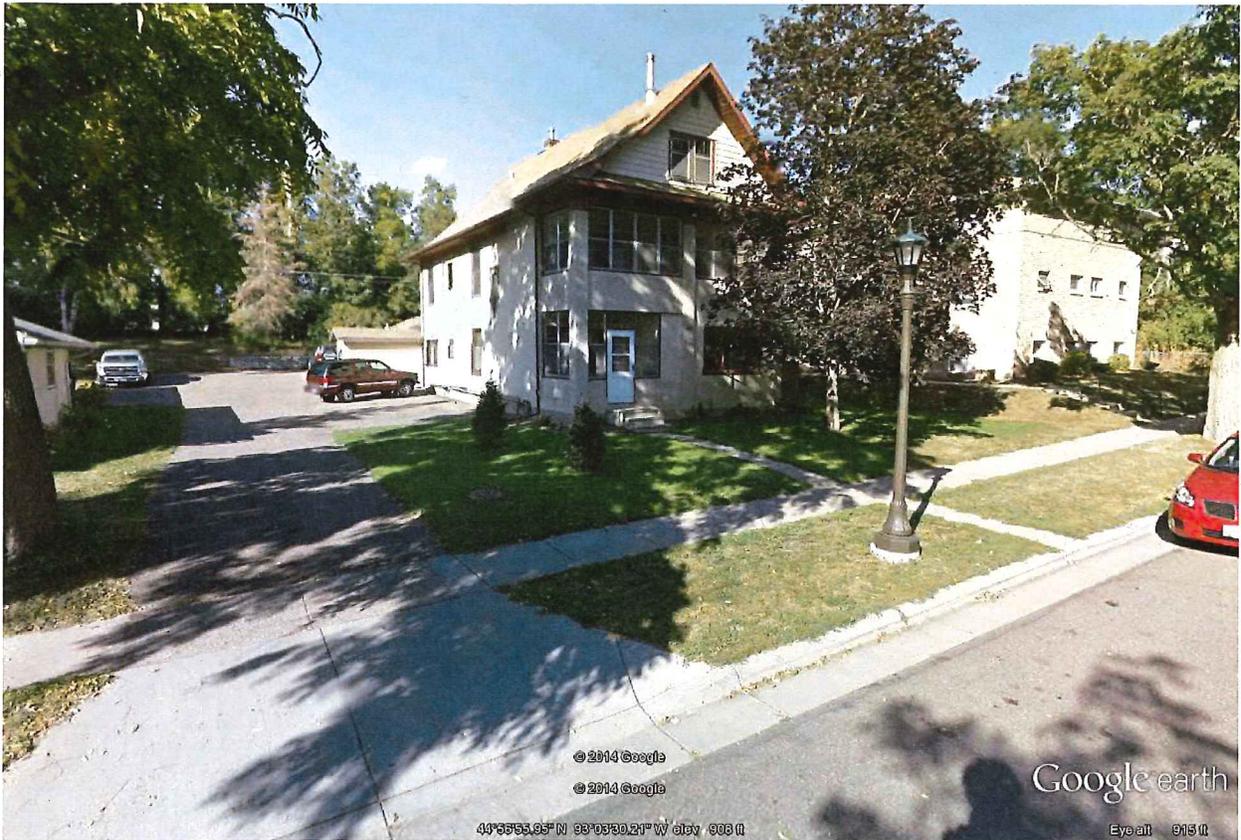
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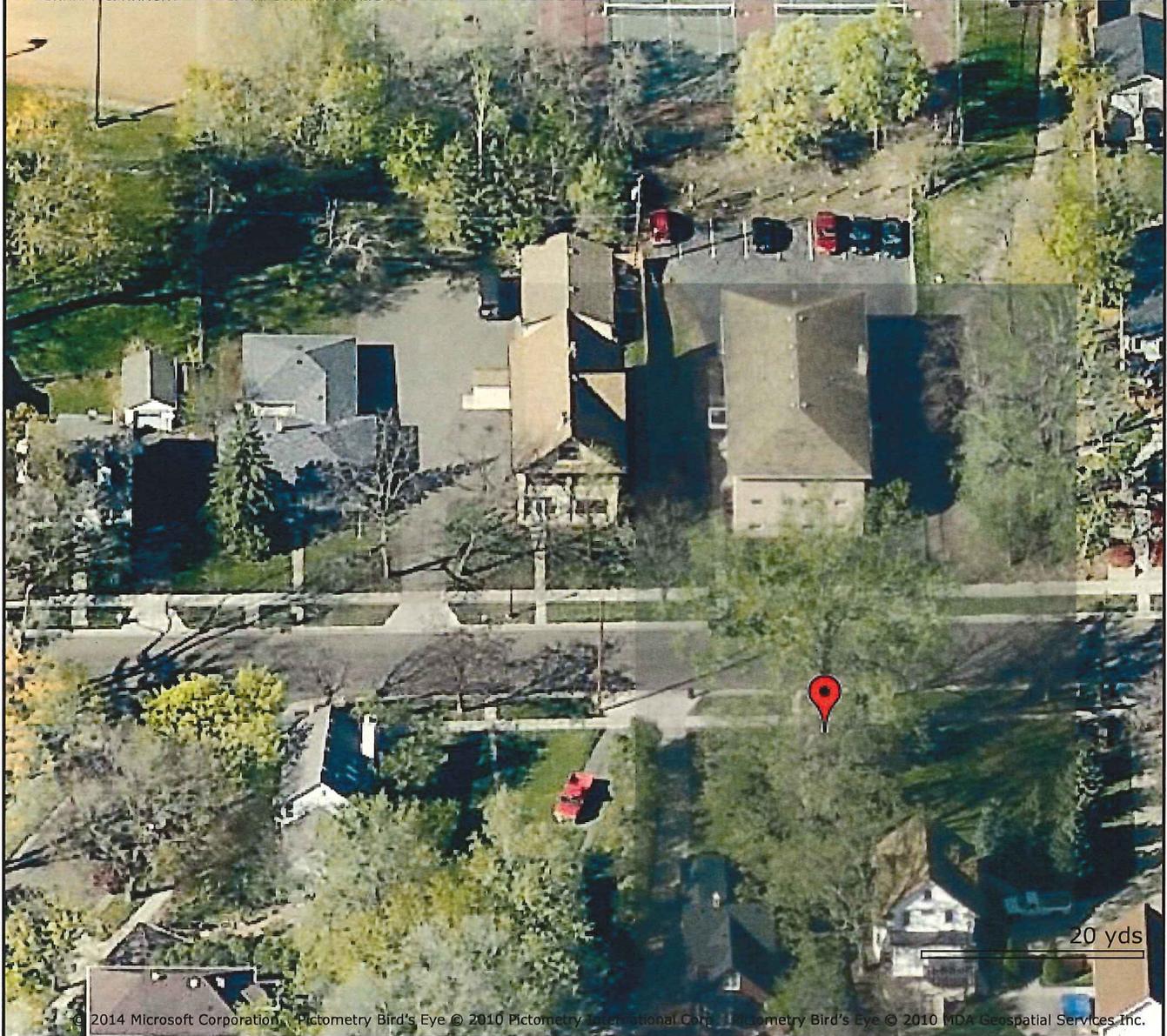
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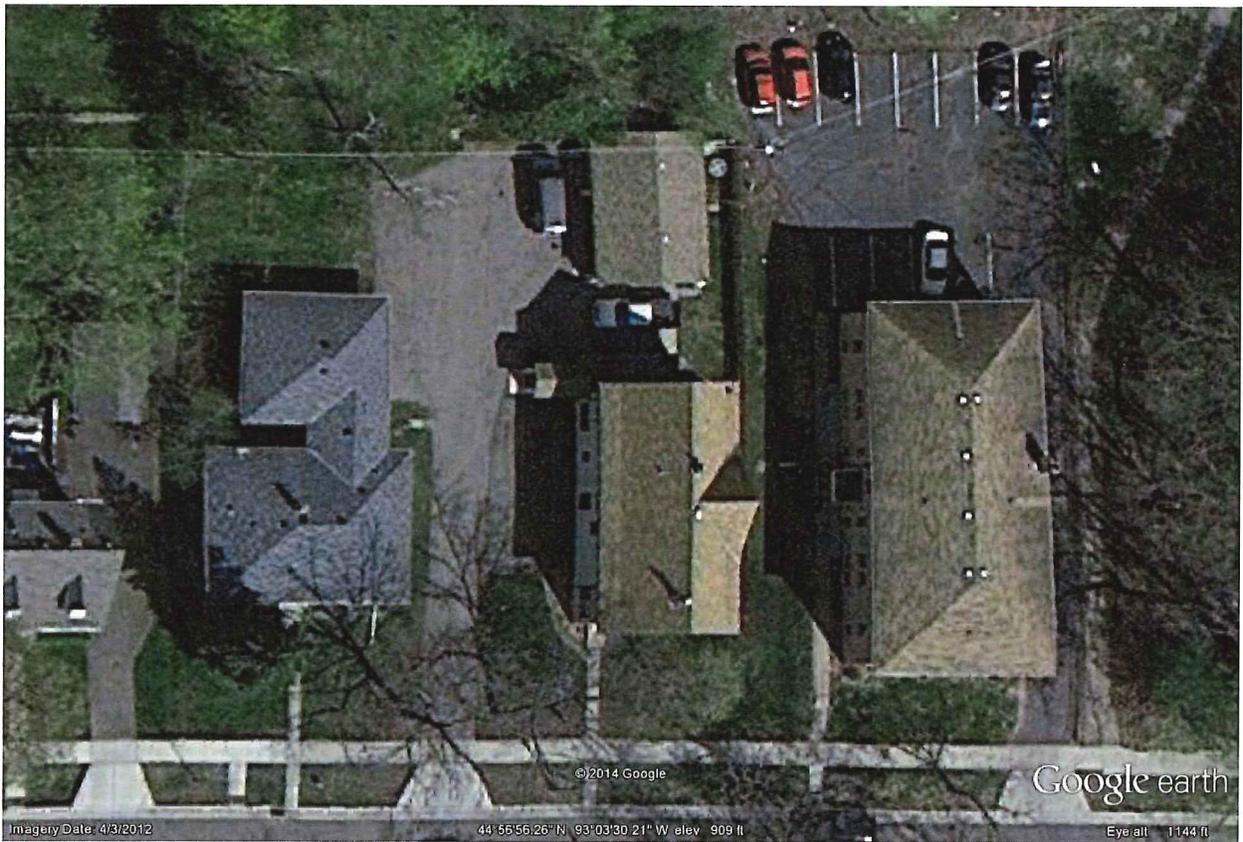
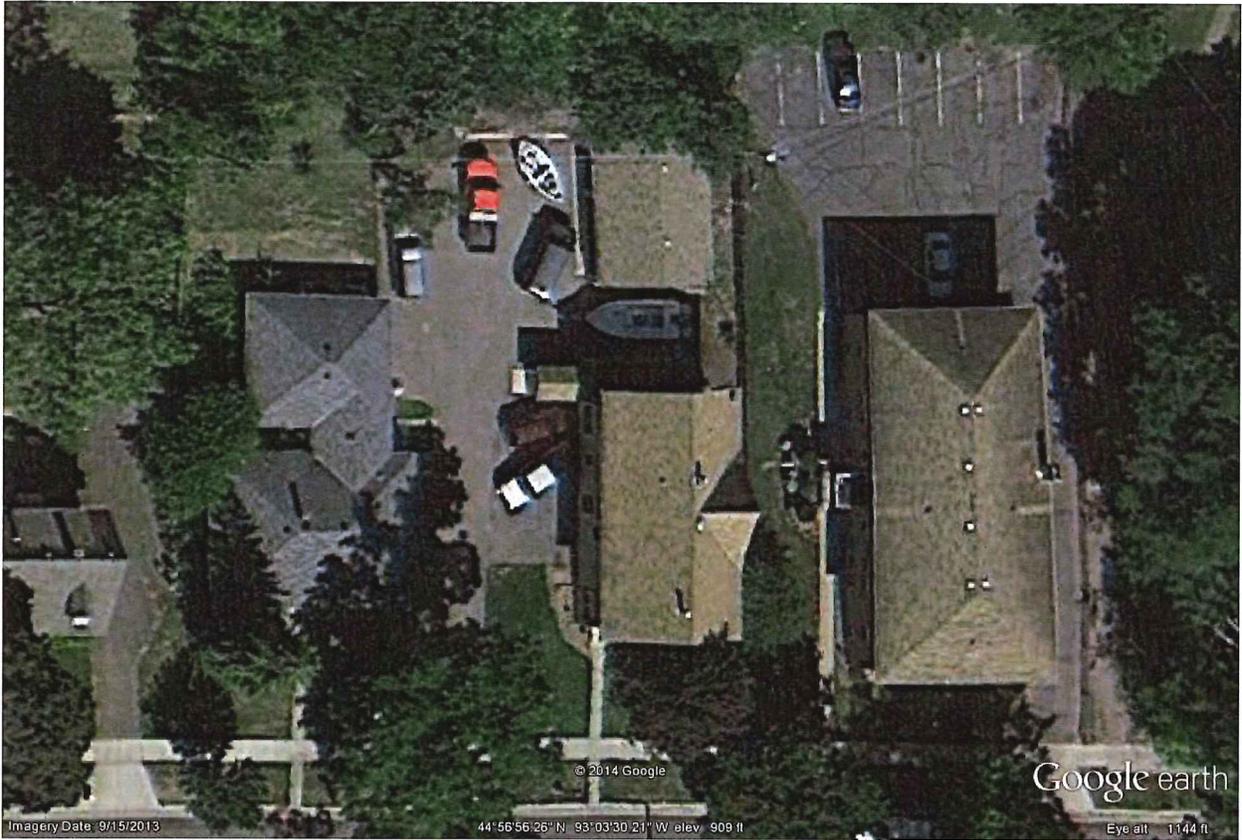
GISmo Oblique Photography

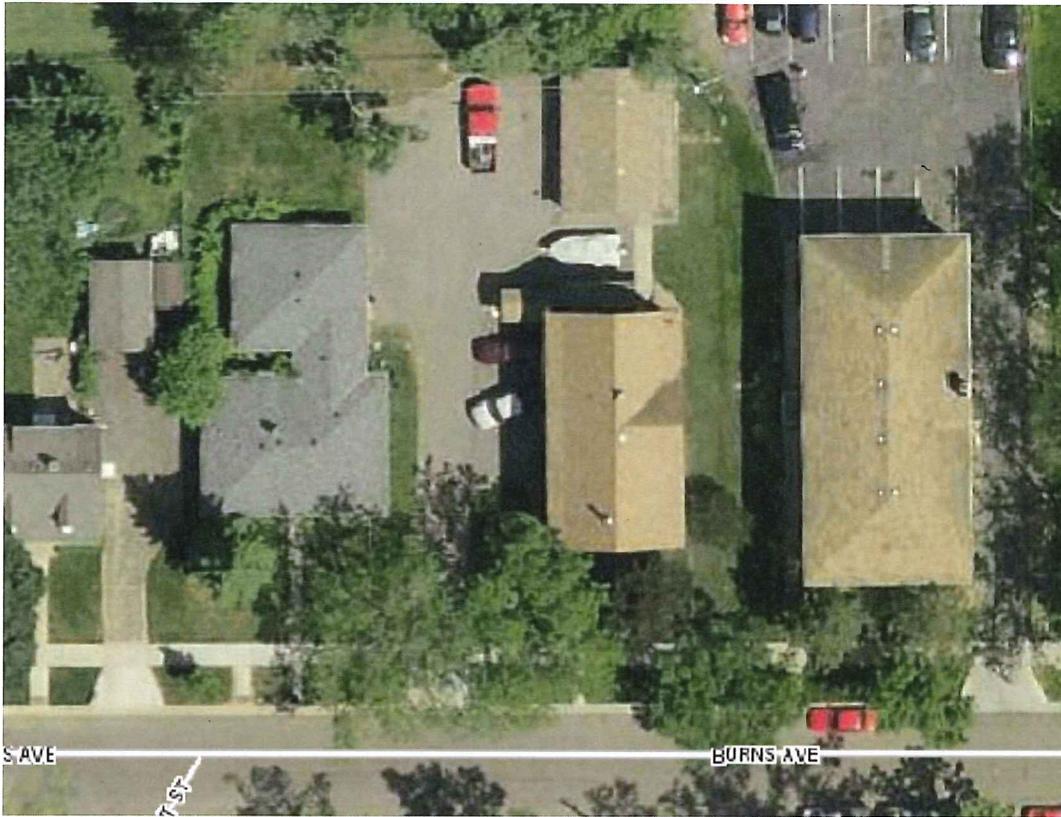
Images courtesy of: Microsoft® Virtual Earth™ 2006

Show Dashboard Show Reference Map

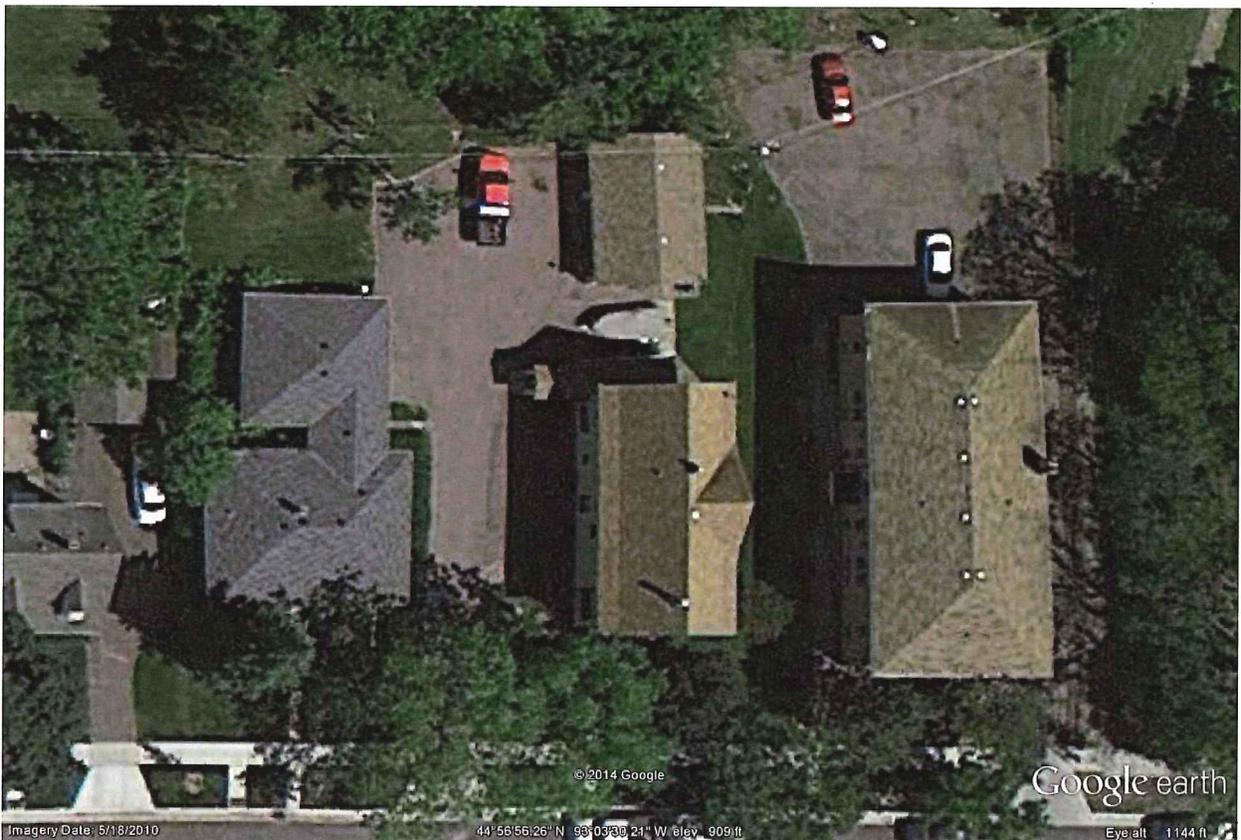


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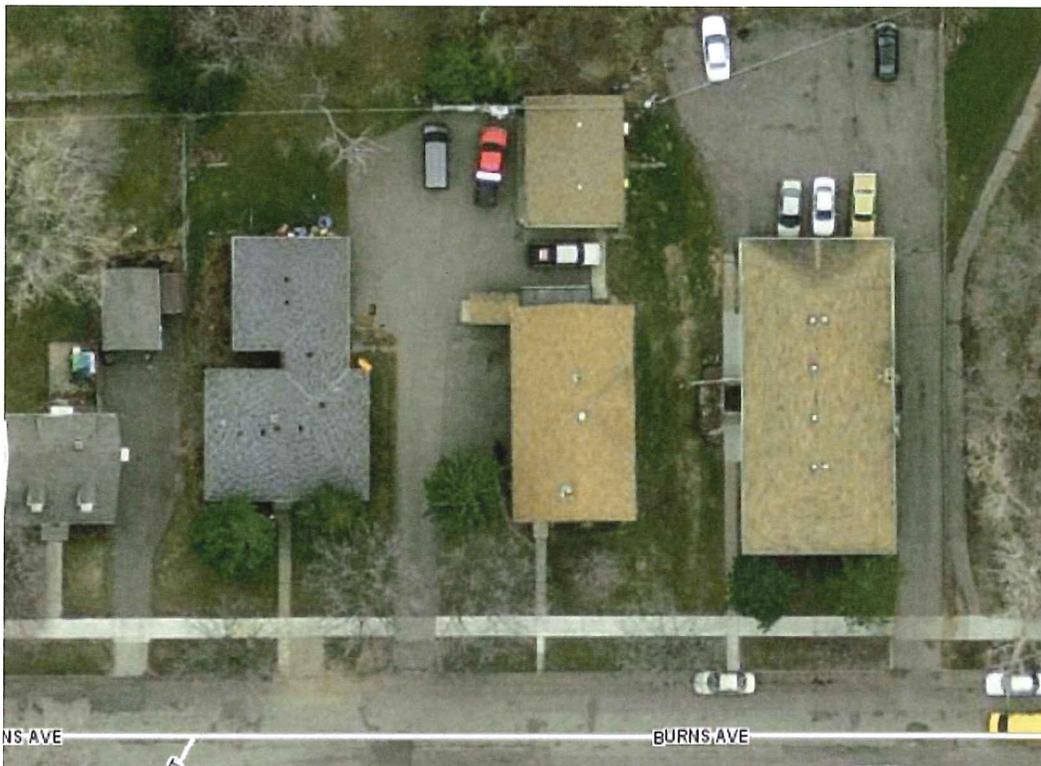


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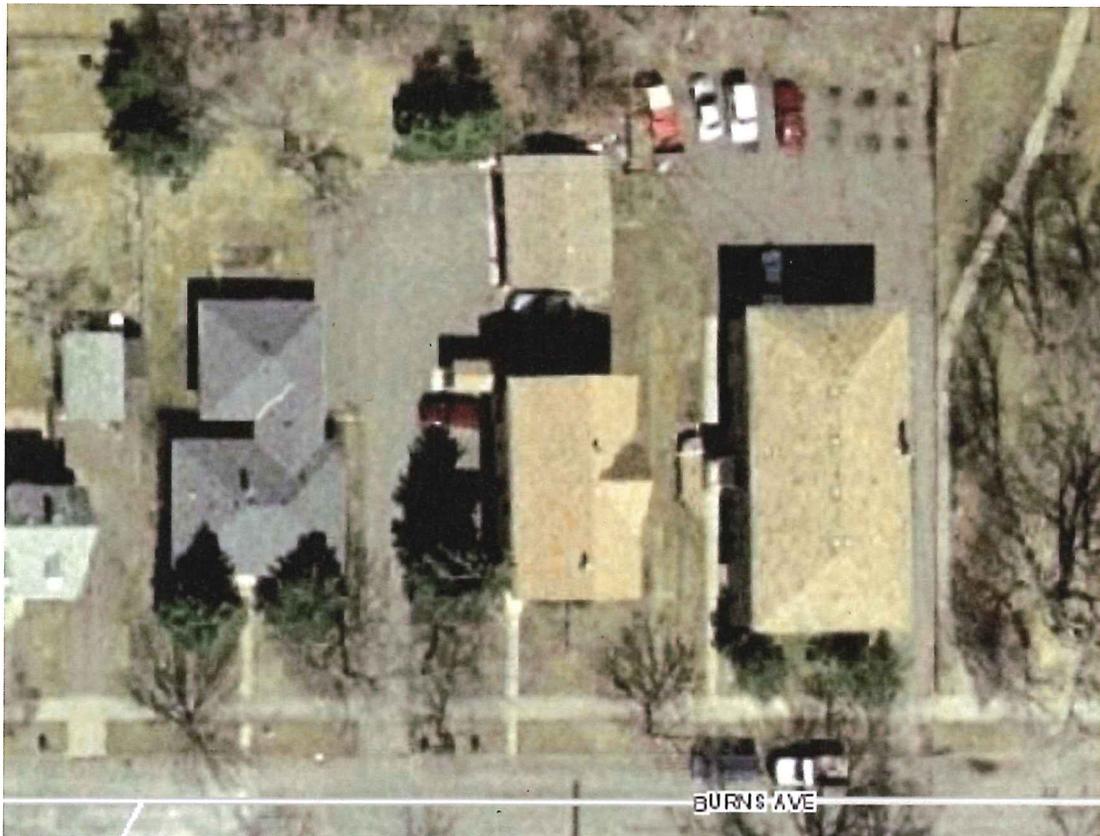




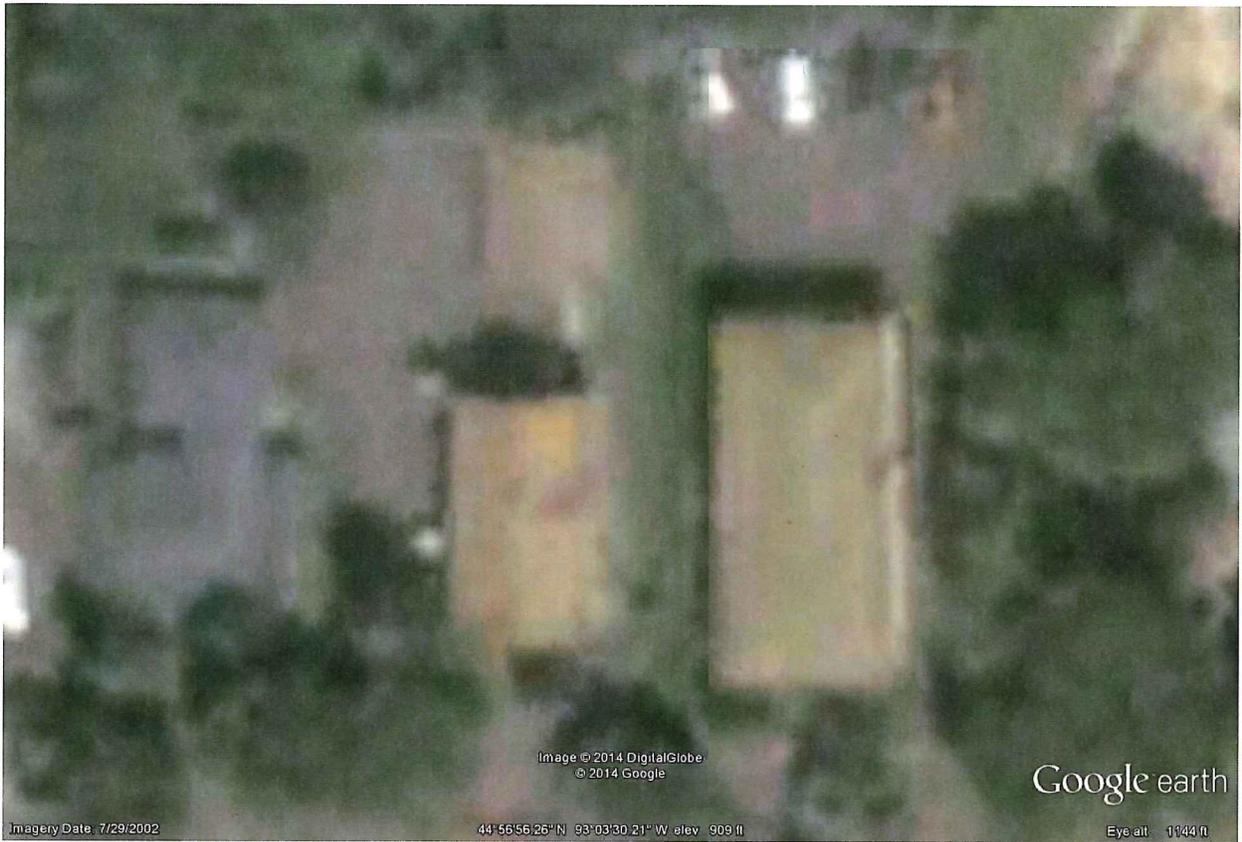
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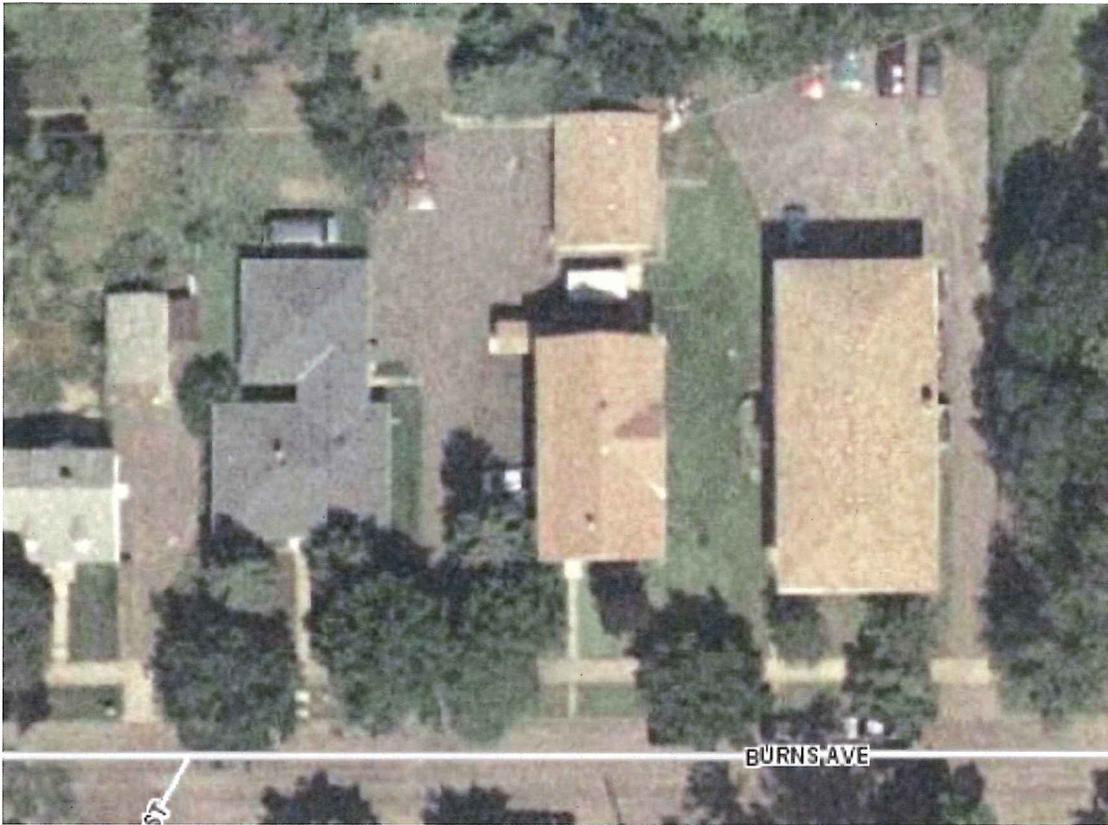
2008



2003



2003



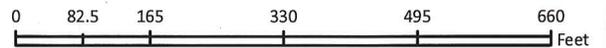
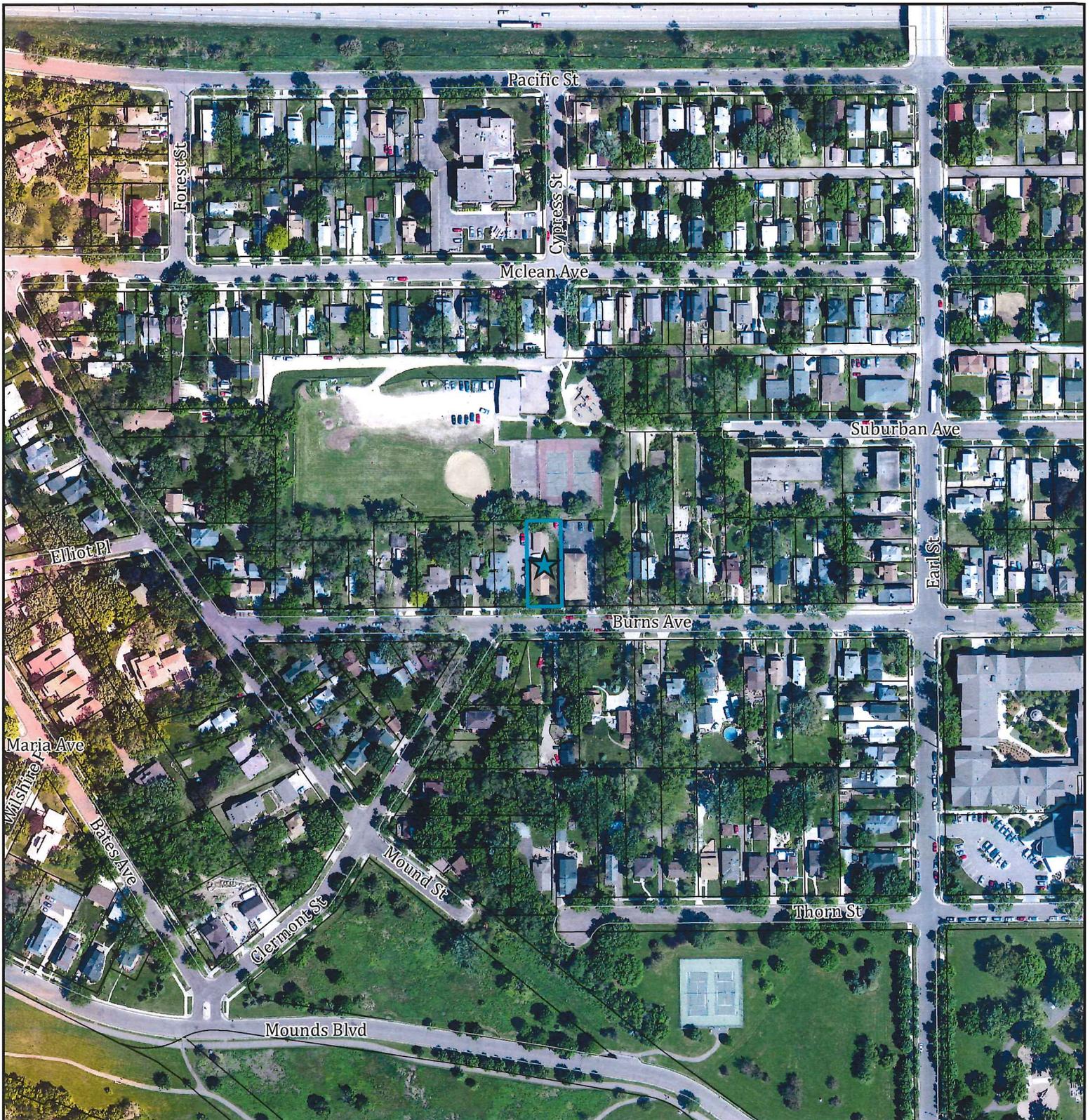
2001



1991



1985



APPLICANT: Charles Forrest

Aerial

APPLICATION TYPE: Establishment of nonconforming use

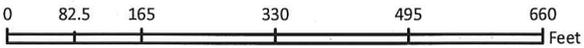
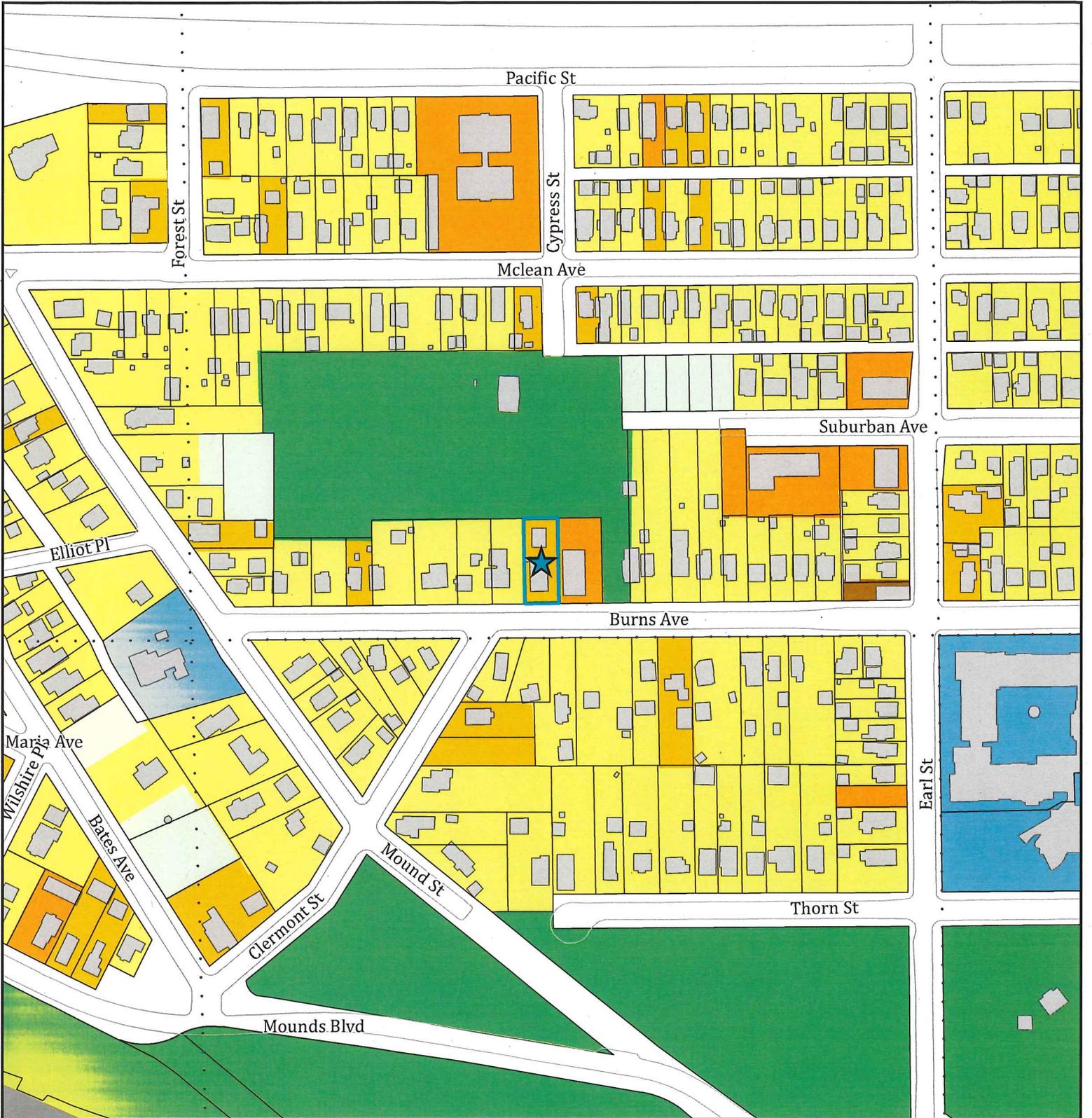
 Subject Parcels

FILE #: 14-302956 DATE: 10/29/2014

PLANNING DISTRICT: 4

ZONING PANEL: 17

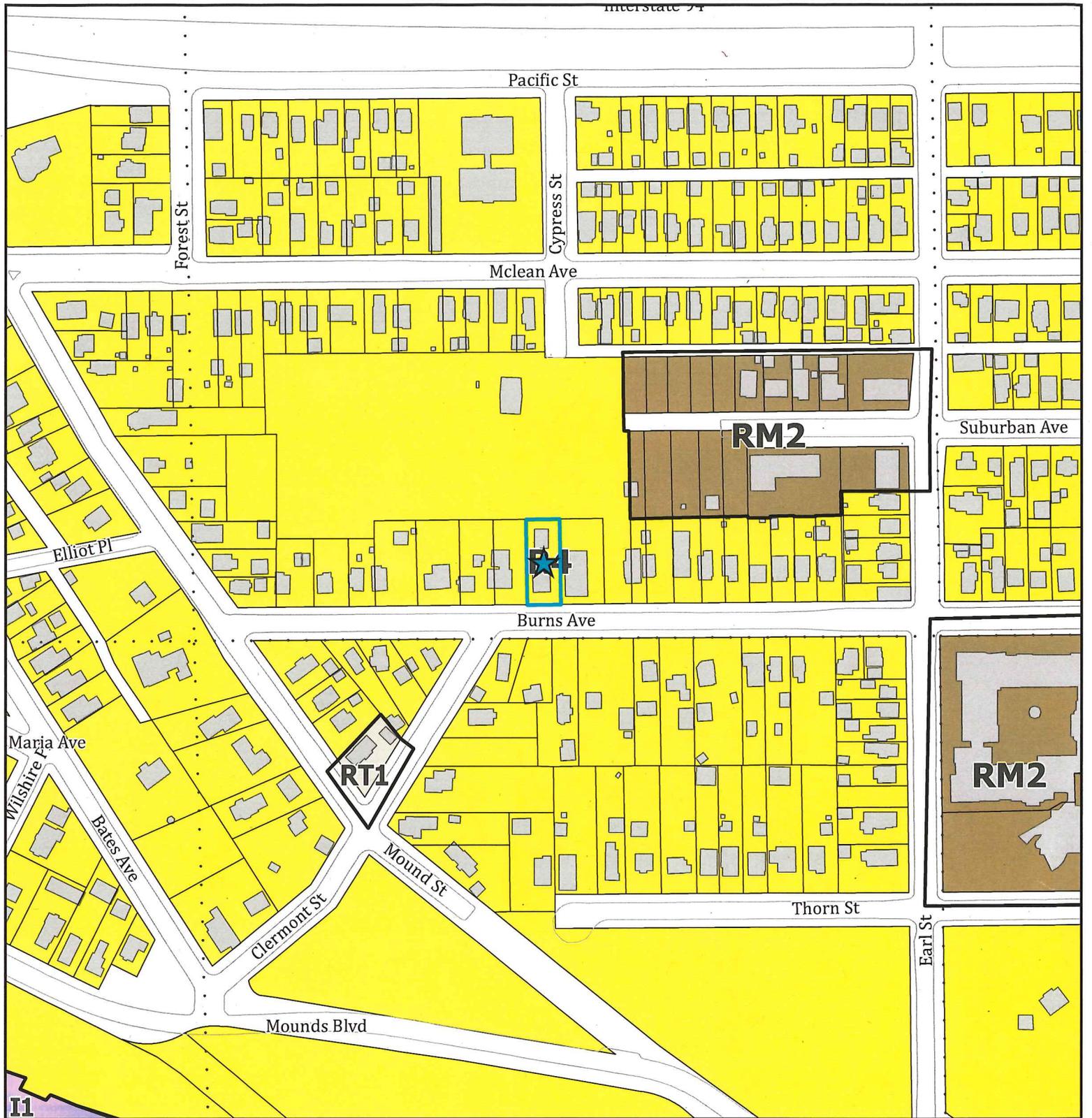




APPLICANT: Charles Forrest
 APPLICATION TYPE: Establishment of nonconforming use
 FILE #: 14-302956 DATE: 10/29/2014
 PLANNING DISTRICT: 4
 ZONING PANEL: 17

- Land Use**
- Single Family Detached
 - Single Family Attached
 - Multifamily
 - Mixed Use Residential
 - Institutional
 - Park, Recreational or Preserve
 - Major Highway
 - Railway
 - Undeveloped
 - Subject Parcels
 - Section Lines





APPLICANT: Charles Forrest

APPLICATION TYPE: Establishment of nonconforming use

FILE #: 14-302956 DATE: 10/29/2014

PLANNING DISTRICT: 4

ZONING PANEL: 17

Zoning

- R4 One-Family
- RT1 Two-Family
- RM2 Multiple-Family
- I1 Light Industrial
- Subject Parcels
- • Section Lines

