CITY OF ST. PAUL

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

REQUEST FOR FENCE VARIANCE
$79.00

Visit our Web Site at **www.stpaul.gov/dsi**

Effective: 02/05/2022

ADDRESS OF VARIANCE:		
OWNER ADDRESS:		
CONTRACTOR ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:

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.

****Effective April 3, 2021, a 2.49% service fee will be charged for all credit or debit card transactions and will appear as a separate transaction on your card statement. This fee is charged by the service provider the Department of Safety and Inspections uses to handle credit card transactions. The City will not receive any of the service fees.****

Signature of Cardholder (required for all charges): _____

☐ **AMEX** ☐ **Discover** ☐ **MasterCard** ☐ **Visa**

BILLING ZIP CODE: _____

Security Code ►

Expiration Date: Month /Year ►

Enter Account Number ►