

## CITY OF ST. PAUL

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

## REQUEST FOR FENCE VARIANCE \$85.00

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

Effective: 02/25/2023 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? Feet:\_\_\_\_\_ Inches: \_\_\_\_\_ Length of Fence: No \_\_\_\_\_ Barbed Wire Fence Type of Fence: Non-Obscuring Fence Privacy 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 \_\_TERRAIN CONDITIONS \_\_\_\_NUISANCE ANIMAL CONDITIONS SITE CONDITIONS REASON FOR VARIANCE REQUEST: ------ Office Use Only Below This Line ------INSPECTORS 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): \_ **Expiration Date:** Security □ AMEX □ Discover □ MasterCard □ Visa Month /Year ▶ Code ▶ **BILLING ZIP CODE:** Enter Account > Number