



APPLICATION FOR APPEAL

Saint Paul City Council – Legislative Hearings

RECEIVED

JUN 11 2024

CITY CLERK

310 City Hall, 15 W. Kellogg Blvd.
Saint Paul, Minnesota 55102
Telephone: (651) 266-8585
legislativehearings@ci.stpaul.mn.us

We need the following to process your appeal:

\$25 filing fee (non-refundable) (payable to the City of Saint Paul) (if cash: receipt number _____)

Copy of the City-issued orders/letter being appealed & any attachments you may wish to include

Walk In Mail Email

Appeal taken by: _____

HEARING DATE & TIME

(provided by Legislative Hearing staff)

Tuesday, **June 18, 2024**

Location of Hearing:

Telephone: you will be called between _____ & _____

In person (Room 330 City Hall) at: **3:00pm**
(required for all condemnation orders and Fire C of O revocations and orders to vacate)

Address Being Appealed:

Number & Street: 1672 McAfee Street City: St. Paul State: MN Zip: 55106

Appellant/Applicant: Jonah J Martin Email jonahmartin211@gmail.com

Phone Numbers: Business (763)339-5401 Residence (651)774-9080 Cell (661)472-8813

Signature: [Handwritten Signature] Date: 06-11-2024

Name of Owner (if other than Appellant): Andrea Nilsson Martin

Mailing Address if Not Appellant's: _____

Phone Numbers: Residence (651)774-9080 Cell (661)384-4899

What is being appealed and Why? Attachments Are Acceptable

- Vacate Order/Condemnation/Revocation of Fire C of O _____
- Summary/Vehicle Abatement _____
- Fire C of O Deficiency List/Correction _____
- Code Enforcement Correction Notice _____
- Vacant Building Registration _____

Other (Fence Variance, Code Compliance, etc.) *Fence Variance



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

24-043474

Effective: 02/25/2023

ADDRESS OF VARIANCE: 1672 McAfee Street St. Paul, MN 55106
 OWNER ADDRESS: \nearrow
 CONTRACTOR ADDRESS: 2647 37th Ave S.
 CITY: Minneapolis STATE: MN ZIP: 55406
 PHONE: 651-349-9734 FAX: EMAIL: blake.vane@superv fence and rail.com

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) Length of Fence: 399	Proposed height of fence Feet: 6 Inches: 0	Will the fence be erected on a corner lot? Yes _____ No <input checked="" type="checkbox"/>
Type of Fence: _____ Non-Obscuring Fence <input checked="" type="checkbox"/> Privacy Fence _____ Barbed Wire Fence	Fence Location: <input checked="" type="checkbox"/> 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: Family has a special needs child. Fence is being paid by MN-ITS program with the county. Due to his needs, they are seeking a 6' fence around entire yard to accommodate his condition.

Office Use Only Below This Line

INSPECTORS OBSERVATIONS: _____

INSPECTORS NAME: _____ Phone: 651 - _____ - _____

APPROVED Date: 6-7-24 Building Official: Steve Ubl Phone: 651 - 266 - 902

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

RETURN SIGNED RECOMMENDATION TO: CLAYTON HARGER AT THE FRONT COUNTER. PLAN REVIEW

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): _____

<input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Security Code \blacktriangleright	Expiration Date: Month /Year \blacktriangleright
BILLING ZIP CODE: _____		
Enter Account Number \blacktriangleright		