



# APPLICATION FOR APPEAL

## Saint Paul City Council – Legislative Hearings

310 City Hall, 15 W. Kellogg Blvd.  
Saint Paul, Minnesota 55102  
Telephone: (651) 266-8585

RECEIVED

JUN 12 2017

CITY CLERK

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
  - Attachments you may wish to include
  - This appeal form completed
  - Walk-In OR  Mail-In
- for abatement orders only:  Email OR  Fax

HEARING DATE & TIME  
(provided by Legislative Hearing Office)

Tuesday, June 20

Time 3:00

Location of Hearing:

Room 330 City Hall/Courthouse

## Address Being Appealed:

Number & Street: 706 Canton St City: St. Paul State: MN Zip: 55102

Appellant/Applicant: Jenna Sipe & Allen Sipe Email: JBau82@aol.com

Phone Numbers: Business \_\_\_\_\_ Residence: 651 452 5852 Cell: 651 387 6744

Signature: [Handwritten Signature] Date: 6.12.17

Name of Owner (if other than Appellant): Same

Mailing Address if Not Appellant's: \_\_\_\_\_

Phone Numbers: Business \_\_\_\_\_ Residence \_\_\_\_\_ Cell \_\_\_\_\_

## 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.)

variance for privacy fence  
denied and I wish to  
appeal.

Replacing current 6 foot fence already there (chain link)

DEPARTMENT OF SAFETY AND INSPECTIONS



CITY OF SAINT PAUL  
Christopher B. Coleman, Mayor

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

Telephone: 651-266-8989  
Facsimile: 651-266-9124  
Web: www.stpaul.gov/dsi

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

Folder # 17-034017

ADDRESS OF VARIANCE: 706 Canton St  
OWNER ADDRESS: 706 Canton St CONTRACTOR ADDRESS: Michigan St - Ferre 525  
CITY St. Paul STATE MIN ZIP 55102 CITY St. Paul STATE MIN ZIP 55175 Village Park  
PHONE W/AREA CODE 651-452-3852 PHONE W/AREA CODE 651-451-2222  
FAX W/AREA CODE N/A FAX W/AREA CODE 651-451-4939

<b>FENCE DETAILS REQUIRED</b> (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: _____	Proposed height of fence Feet: <u>6</u> Inches: <u>0</u>	Will the fence be erected on a corner lot? Yes <input checked="" type="checkbox"/> No _____
Type of Fence: _____ Non-Obscuring Fence	<input checked="" type="checkbox"/> Privacy Fence	_____ Barbed Wire Fence
Fence Location: _____ Perimeter of Entire Yard	<input checked="" type="checkbox"/> Front Yard <u>Only</u>	<input checked="" type="checkbox"/> Rear or Side Yard <u>Only</u>

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 reasons you believe the property qualifies for variance consideration.  
 SITE CONDITIONS      \_\_\_\_\_ TERRAIN CONDITIONS       NUISANCE ANIMAL CONDITIONS

REASON FOR VARIANCE REQUEST: We live on a busy street with apartment newly constructed bike path and dog park near cars go by fast and people talk to our kids throw the fence out of homeless people's letter

INSPECTOR'S OBSERVATIONS: NONE OF THE 3 CRITERIA FOR A VARIANCE ARE SATISFIED. YOU MAY APPEAL THIS DECISION TO THE LHO. - 651-266-8560 (SEE BELOW)

INSPECTOR'S NAME: \_\_\_\_\_ Phone: 651 - \_\_\_\_\_

APPROVED Date: 6/1/2017 Building Official: Steve Hill Phone: 651 - 266-9021

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

