



**CITY OF ST. PAUL
HERITAGE PRESERVATION COMMISSION**

310 OFFICE OF LICENSE, INSPECTIONS AND ENVIRONMENTAL PROTECTION
310 ST. PETER STREET, SUITE 300
ST. PAUL, MINNESOTA 55102-1810
WWW.CITYSTPAUL.MN.US/LIEP

**BUILDING PERMIT
APPLICATION**

This application must be completed in addition to the basic building permit application if the affected property is an individually designated landmark or located within an historic district. This application must be accompanied by three copies of plans, plus one reduced to 8 1/2" x 11" and photographs showing all affected facades of the building (no Polaroid pictures). Plans shall include a site plan, floor plans, and exterior elevations which note details for replacement of historic materials. For applications which must be reviewed by the Heritage Preservation Commission refer to the HPC Meeting schedule for meeting dates and deadlines.

ADDRESS OF AFFECTED PROPERTY: 699 E. 4th St.

ARCHITECT AND/OR CONTRACTOR:

Name of firm:

= For curb cut only = Arthyde Construction

Address (including zip):

77 Dennis Ln, Maplewood MN 55119

Contact person:

Bruce Simonson

Daytime phone:

651-730-9688

PROJECT DESCRIPTION:

Will any federal money be used in this project? YES NO

Are you applying for Investment Tax credits? YES NO

Briefly describe the overall changes to be made to the structure:

Cut curb, cobblestone driveway and parking platform

Please describe how each of the following building elements will be affected by the project. If there will be no change, please indicate. Use pictures to illustrate the changes indicated below. (Attach additional sheets if necessary.)

Windows:

none

Entrances/doors:

none

Exterior wall:

none

Porches:

none

Roof:

none

Foundation:

none

Decorative features:

none

Other (i.e. additions, new construction):

I, the undersigned, understand that the Building Permit Application is limited to the aforementioned work to the affected property. I further understand that any additional exterior work to be done under my ownership must be submitted by application to the St. Paul Heritage Preservation Commission. Any unauthorized work will be required to be removed.

Signature of applicant:

[Handwritten Signature]

Date: 9-27-02

Signature of owner:

[Handwritten Signature]

Date: 9-27-02

FOR HPC USE ONLY

FILE NO. B02-
373

Date received: 9.27.02

Name of building:

Individual/District:

Contributing/Non-contributing/Pivotal/Supportive/

Type of work: Minor/Moderate/Major

Supporting data:

- three copies of plans
- photographs
- other documents

Conformance with guidelines:

Staff saw cobble stone sample, will run in straight pattern.

Owner

1. Will provide adequate landscaping and will setback the pad so 5' is recessed from the ^{back} edge of house.

ATS.

699 E 4th St

Current Property Line
32 feet
Driveway 9 ft wide
35' Length (Deep)

Our Porch is
20' Back from
sidewalk 35'

Parkings Platform
will be approx
104' x 18'

62 feet from
Property line
695 E 4th Street

Parking
81' x 07'

DEVELOPER I APPROVES
ZONING REQUEST

DATE 9/22/02
Stephen Sully

PLAN APPROVED

Heritage Preservation Commission

City of St. Paul

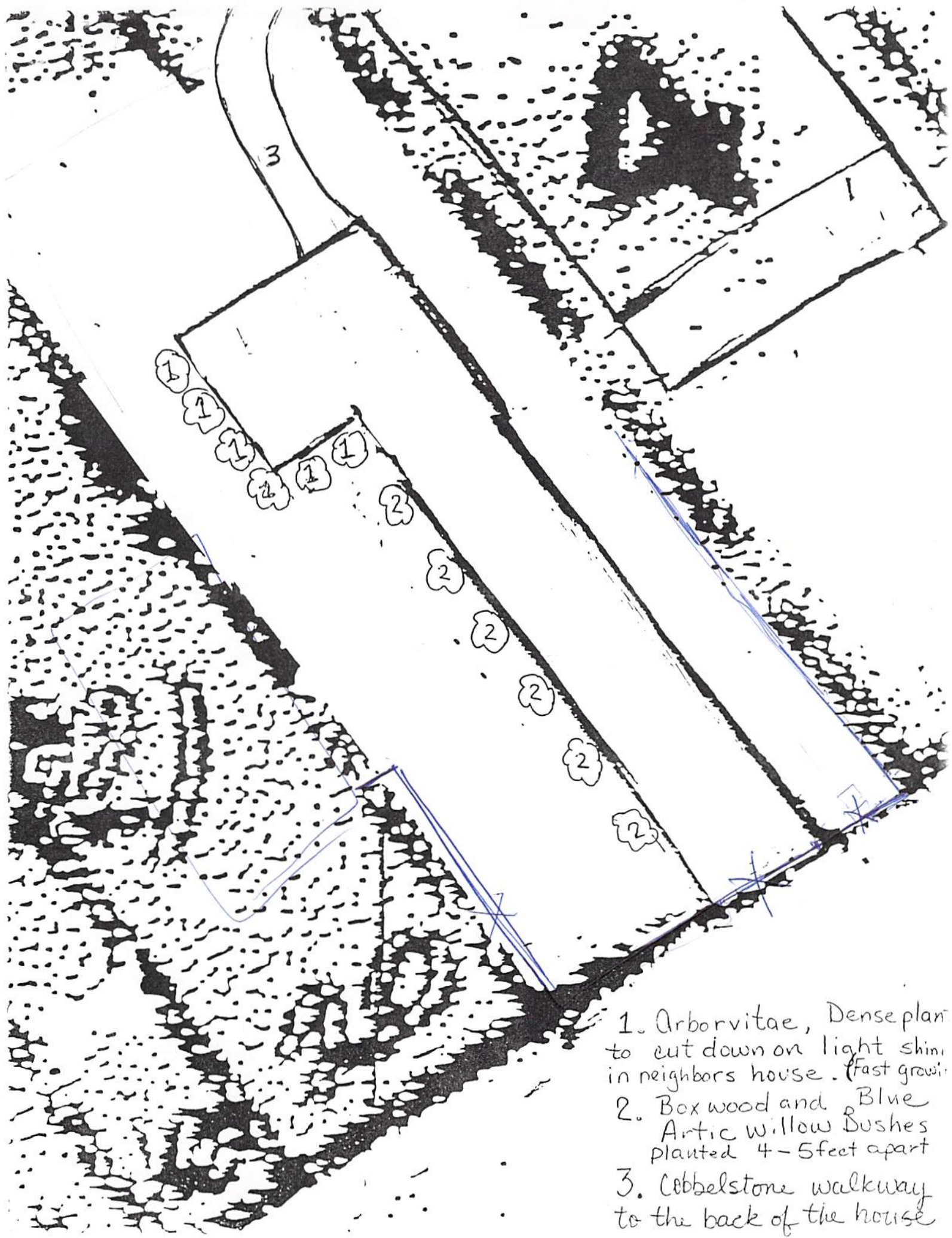
File # RSZ - 393

Address 699 E 4th St

Date 9/22/02 Signed _____

All signs from this plan shall be
approved by the Heritage Preservation
Commission

City of St. Paul



1. Arborvitae, Dense plant to cut down on light shine in neighbors house. (Fast growing)
2. Box wood and Blue Artic willow Bushes planted 4-5 feet apart
3. Cobbelstone walkway to the back of the house



CITY OF ST. PAUL

OFFICE OF LICENSE, INSPECTIONS AND ENVIRONMENTAL PROTECTION
350 ST. PETER STREET, SUITE 300
ST. PAUL, MINNESOTA 55102-1510

GENERAL BUILDING PERMIT APPLICATION

Visit our Web Site at www.ci.stpaul.mn.us/liep

State Building Contractors License Number if applicable: >

| | | | | | | | |
|--|---------------|--|---------------------|---------|---|---------------|------------------------------------|
| PROJECT ADDRESS | Number 699 | Street Name E. 4th St. | St. Ave. Blvd. Etc. | N S E W | Suite/Apt / | Building Name | Date 9-27-02 |
| Contractor Arthye Construction (Include Contact Person) Bruce Simonson | | Address 77 Dennis Lane City Maplewood, MN 55119 | | | (Permit will be mailed to the Contractor's Address) | | Phone 651-730-9688 |
| Property Owner James Wardlaw (Include Contact Person) | | Address 699 E. 4th St. City St Paul, MN 55106 | | | Call | | Phone 651-774-7393 -263-5872 |
| Masonry Contractor | | Address City, State Zip+4 | | | | | Phone |
| Architect | | Address City, State Zip+4 | | | | | Phone |

| | | | | | | | |
|---|--|--|---|--|--|--|--|
| New Structure <input type="checkbox"/> | Existing Structure <input type="checkbox"/> | Commercial <input type="checkbox"/> | Residential Enter Number of Residential Units >>> 1 | Estimated Value of the Total Project \$ 2300.00 | | | |
| Addition <input type="checkbox"/> | Remodel/Alter <input type="checkbox"/> | Repair <input type="checkbox"/> | Estimated Start Date: | Estimated Finish Date: | | | |

Description of Project: **Cut curb, have apron poured. 30ft cobblestone driveway. 10x15' parking platform. Shrubs to screen parked cars.**

Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be complied with in performing the work for which this permit is issued.

James T. Wardlaw
Applicant's Signature

PLEASE COMPLETE THIS SECTION ONLY FOR NEW STRUCTURE OR ADDITION

| | | | | | | | |
|--------------------------------|-----------|--------|--------------------------------------|-----------|---|--|--|
| Structure Dimensions (In Feet) | | | | | Is a Fire Suppression System Available? (i.e. - sprinklers) | | |
| Width | Length | Height | Total Square Feet (include basement) | Basement? | Stories | Yes or No <input type="checkbox"/> <input type="checkbox"/> | |
| Lot Dimensions (In Feet) | | | Set Backs from Property Lines | | | | |
| Lot Width | Lot Depth | Front | Back | Side 1 | Side 2 | | |

For Office Use Only

| | | | | | | |
|---|-----------------------------|------------------------|---|---------------------|----|-------|
| Change/Expansion of Use? Yes or No | Existing Primary Use SFD | Occupancy Group R-3 | FAX IT? Would you like your permit faxed to you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter your fax # > | SUMMARY OF FEES | | |
| Proposed Primary Use SFD | Construction Type I-N | Plan Number NONE | | Building Permit Fee | \$ | 74.75 |
| PLAN REVIEW REMARKS HPL APPROVED FILE # 002-393 INSMIL COBBLESTONE DRIVEWAY 9-27-02 AHS/jps | | | | Plan Check Fee | \$ | - |
| Permit # HPL 02-226444 | | | | State Surcharge | \$ | 1.15 |
| S.A.C. Charge / Credit: # State Valuation \$ 2300 00 | | | | SAC | \$ | - |
| Reviewed By: JPS | | | | Total Permit Fee | \$ | 75.90 |
| Date: 9-27-02 | | | | | | |

Payment may be made by Credit Card. Please complete the following information. Circle

| | | |
|-------------|------------------|--|
| Master Card | Expiration Date: | |
| Visa | Month/Year | |

| | | |
|------------------------------|---------------------------------------|--|
| Approving Inspector Initials | Badge of Inspector Assigned to Permit | Please Sign & Date Below. Signature of Card Holder required for all charges. |
| Enter Account Number | | |