



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

Folder #

ADDRESS OF VARIANCE: 1845 Graham Ave ST PAUL 55116
OWNER ADDRESS: 1845 Graham Ave CONTRACTOR ADDRESS: _____
CITY ST PAUL STATE MN ZIP 55116 CITY _____ STATE _____ ZIP _____
PHONE W/AREA CODE 651-353-4251 PHONE W/AREA CODE _____ - _____ - _____
FAX W/AREA CODE _____ - _____ - _____ FAX W/AREA CODE _____ - _____ - _____

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: <u>60</u>	Proposed height of fence Feet: <u>8</u> Inches: <u>0</u>	Will the fence be erected on a corner lot? Yes _____ No <u>X</u>
Type of Fence: _____ Non-Obscuring Fence	<u>X</u> Privacy Fence	_____ Barbed Wire Fence
Fence Location: _____ Perimeter of Entire Yard	_____ Front Yard Only	<u>X</u> 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
X SITE CONDITIONS _____ TERRAIN CONDITIONS _____ NUISANCE ANIMAL CONDITIONS

REASON FOR VARIANCE REQUEST:
Neighbor agrees that due to deck heights of both there are some 8ft preferred for privacy

----- Office Use Only Below This Line -----
INSPECTOR'S OBSERVATIONS: ~~There are no observations~~ This is NOT in a Area That I can Grant a Variance Request 6'6" MAX Height
INSPECTORS NAME: Mito Pulan Phone: 651-266-9025
X APPROVED Date: 7/16/14 Building Official: Stevy III Phone: 651-266-9025

X 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

Elizabeth Sampair 7/16/14
Signature of Card Holder (required for all charges) DATE