

11-3-11 9:30



RECEIVED

OCT 25 2011

CITY OF SAINT PAUL
INTERDEPARTMENTAL MEMORANDUM

CITY CLERK

EGRESS WINDOW NON-COMPLIANCE DETERMINATION

No. 8804 P. 2

TO: CITY CLERK
15 KELLOGG BLVD. WEST
310 CITY HALL
SAINT PAUL, MN 55102

PHONE: 651-266-8888
FAX: 651-266-8574

DATE: 10-25-11

APPEAL PROPERTY ADDRESS: 1808 HYACINTH

APPLICANT NAME: PUBLIC HEALTH (DANIEL SCHMIDT) PHONE NUMBER: 266-1143
ON BEHALF OF JEFF MANDERS (HOME OWNER)

PERMIT NUMBER: _____

TYPE OF WINDOW: DOUBLE HUNG (VINYL)

NUMBER OF WINDOWS: 2

TOTAL GLAZED AREA: 9 sq ft

DIFFERENCE FROM REQUIRED AREA: COMPLIES

WIDTH OF OPENING: 23.2"

DIFFERENCE FROM REQUIRED OPENING: COMPLIES

HEIGHT OF OPENING: 22"

DIFFERENCE FROM REQUIRED OPENING: 2"

HEIGHT OF OPENING
TO FINISHED FLOOR: < 48"

DIFFERENCE FROM MAXIMUM HEIGHT: COMPLIES

RECOMMENDATION (IF APPLICABLE): _____

Oct. 25. 2011 2:01PM

FROM: _____

No. 8004 P. 3

Oct. 25. 2011 2:01PM St Paul-Ramsey Co. Public Health

Select a Model

(Model 0201)

Excalibur Double Hung

Top Sash Width	24.3750
Top Sash Height	27.1875
Bottom Sash Width	25.3750
Bottom Sash Height	28.4675
Top Glass Width	22.6675
Top Glass Height	25.5000
Bottom Glass Width	23.6675
Bottom Glass Height	26.5000
Screen Width	23.9375
Screen Height	54.6250
Top Sash Weight (Plus 6 lb)	21 lb
Top Balance Size (C.F.)	58BN
Top Balance Size (Sprng)	23-6R
Bottom Sash Weight	17 lb
Bottom Balance Size (C.F.)	5NAT
Bottom Balance Size (Sprng)	27-7R
Egress Opening Width	23.2130
Egress Opening Height	22.0000
Egress Opening Area (sq.ft.)	5.6470

Min. W: 11 Max. W: 52
Min. H: 20 Max. H: 64 Max. U.L: 132

Extrusion: << For Arch-Top Models Only

Opening:

Type:

Screen:

Glass:

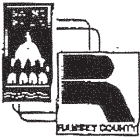
AC Sash Calculator

* TOTAL GLAZED

$23.9 \times 54.6 = 1,305 \Rightarrow 144 = 7.0 \text{ s.f.}$

11-8-11
21:30

P. 1
No. 8804
Public Health
St Paul-Ramsey Co.
2:00PM
Oct. 25, 2011



Saint Paul - Ramsey County Department of Public Health
Environmental Health Section
2785 White Bear Avenue North Suite 350
Maplewood, MN 55109-1320
FAX: (651) 266-1177

Date: 10-25-11

FACSIMILE TRANSMISSION

To FAX#: 6-8574

Cover Sheet and Transmittal Form

To:	Mai Yang, Paralegal
Location:	Legislative Hearing Office City of St. Paul
Sender:	Daniel Schmidt / Jim Yannarelli St. Paul - Ramsey Cty. Dept. of Public Health

This transmission consists of 3 pages (including cover sheet).

If transmission is incomplete or illegible, call sender at (651) 266-1143 (DANIEL SCHMIDT)

Message:

Request for Egress Window Non-Compliance Determination
 Attachments: Egress Window Non-Compliance Determination Form

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