



Saint Paul - Ramsey County Department of Public Health
Environmental Health Section
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FACSIMILE TRANSMISSION
Cover Sheet and Transmittal Form

Date: _____
To FAX#: 6-8574

To: Mai Yang, Paralegal

Location: Legislative Hearing Office
City of St Paul

Sender: Daniel Schmidt / Tim Honorelly
St. Paul-Ramsey Cty. Dept. of Public Health

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

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Message:

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

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CITY OF SAINT PAUL
INTERDEPARTMENTAL MEMORANDUM

EGRESS WINDOW NON-COMPLIANCE DETERMINATION

No. 0495 J. F. Z.

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

PHONE: 651-266-8688
FAX: 651-266-8574

DATE: 2-2-11

APPEAL PROPERTY ADDRESS: 1394 PLYMOUTH

APPLICANT NAME: PUBLIC HEALTH (DANIEL) PHONE NUMBER: 651-266-1143

PERMIT NUMBER: _____

TYPE OF WINDOW: DH - Double Hung

NUMBER OF WINDOWS: 4

TOTAL GLAZED AREA: 8.3 sq ft DIFFERENCE FROM REQUIRED AREA: COMPLIES

WIDTH OF OPENING: 23.09" DIFFERENCE FROM REQUIRED OPENING: COMPLIES

HEIGHT OF OPENING: 20.06" DIFFERENCE FROM REQUIRED OPENING: 3.9"

HEIGHT OF FINISHED FLOOR: 4' 48" DIFFERENCE FROM MAXIMUM HEIGHT: COMPLIES

RECOMMENDATION (IF APPLICABLE): _____

Feb. 2, 2011 10:08AM

FROM: _____

12/2/09

