



CITY OF SAINT PAUL
INTERDEPARTMENTAL MEMORANDUM

EGRESS WINDOW NON-COMPLIANCE DETERMINATION

No. 8218 P. 2

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

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

DATE: 8-15-11

APPEAL PROPERTY ADDRESS: 220 FAIRVIEW AVE N.

APPLICANT NAME: PUBLIC HEALTH (Daniel) PHONE NUMBER: 651-266-1143
OF BEHALF OF JOSHUA CAPISTRANT

Public Health
Co.
St Paul-Ramsey

PERMIT NUMBER: _____

TYPE OF WINDOW: DH

NUMBER OF WINDOWS: (3)

TOTAL GLAZED AREA: 9.8 sq ft DIFFERENCE FROM REQUIRED AREA: COMPLY

WIDTH OF OPENING: 25.3" DIFFERENCE FROM REQUIRED OPENING: COMPLY

HEIGHT OF OPENING: 22" DIFFERENCE FROM REQUIRED OPENING: 2"

HEIGHT OF OPENING
O FINISHED FLOOR: 248" DIFFERENCE FROM MAXIMUM HEIGHT: COMPLY

RECOMMENDATION (IF APPLICABLE): SEE ATTACHED

Aug. 17. 2011 11:38AM

FROM: _____

Aug. 17. 2011 11:38AM St Paul-Ramsey Co. Public Health No. 8218 P. 3



Select a Model

(Model 0201) 0201
Excalibur Double Hung

Top Sash Width	26.5600	Min. W: 15	Max. W: 32	
Top Sash Height	27.1875	Min. H: 28	Max. H: 64	Max. U.I.: 132
Bottom Sash Width	27.5500	Exact Size		
Bottom Sash Height	28.1875	Width: 29.8	29.8	
Top Glass Width	24.8750	Height: 57.5	57.5	
Top Glass Height	25.5000	Extrusion: Select Extrusion << For Arch-Top Models Only		
Bottom Glass Width	25.8750	Opening: Exact Size		
Bottom Glass Height	26.0000	Type: Standard		
Screen Width	26.1525	Screen: Full		
Screen Height	64.6250	Glass: Double Strength (3 mm)		
Top Sash Weight (Plus 5 lb)	22 lb	<input type="checkbox"/> AC Sash Calculator		
Top Balance Size (C.F)	68BU			
Top Balance Size (Spiral)	21-9R			
Bottom Sash Weight	19 lb			
Bottom Balance Size (C.F)	56RD			
Bottom Balance Size (Spiral)	27-6R			
Egress Opening Width	25.3940			
Egress Opening Height	22.0000			
Egress Opening Area (sq.ft.)	3.8800			

* TOTAL GLAZED AREA

* $26.1 \times 54.6 = 1425 \div 144 = 9.8 \text{ sq ft}$

✓ scanned

9-6-10 1:30

WP 11-6-2

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: 8-16

To FAX#: 6-8574

FACSIMILE TRANSMISSION
Cover Sheet and Transmittal Form

To:	Mai Yang Paralegal
Location:	Legislative Hearing Office City of St. Paul
Sender:	Daniel Schmidt / Tim Yannareddy 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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