



CITY OF SAINT PAUL
INTERDEPARTMENTAL MEMORANDUM

EGRESS WINDOW NON-COMPLIANCE DETERMINATION

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

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

DATE: 10-20-11

APPEAL PROPERTY ADDRESS: 240 WYOMING ST. E.

APPLICANT NAME: FUSLUK HEALTH, DANIEL SCHMIDT PHONE NUMBER: 651-266-1143
ON BEHALF OF OWNER

PERMIT NUMBER: _____

TYPE OF WINDOW: DOUBLE HUNG - WOOD, ACRAFT

NUMBER OF WINDOWS: 2

TOTAL GLAZED AREA: 6.25 sqft DIFFERENCE FROM REQUIRED AREA: COMPLIES

WIDTH OF OPENING: 22 1/2" DIFFERENCE FROM REQUIRED OPENING: COMPLIES

HEIGHT OF OPENING: 19 3/4" DIFFERENCE FROM REQUIRED OPENING: 4 1/4"

HEIGHT OF OPENING TO FINISHED FLOOR: < 48" DIFFERENCE FROM MAXIMUM HEIGHT: COMPLIES

RECOMMENDATION (IF APPLICABLE): _____

FROM: _____

11-1-11d
1:30
Sent via email

RECEIVED
OCT 29 2011
CITY CLERK

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: 10-20-11

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 Yannarelli St. Paul - Ramsey Cty. Dept. of Public Health

This transmission consists of _____ 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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