



APPLICATION FOR APPEAL

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CITY CLERK

Saint Paul City Clerk

310 City Hall, 15 W. Kellogg Blvd.

Saint Paul, Minnesota 55102

Telephone: (651) 266-8560

The City Clerk needs the following to process your appeal:

- ☒ \$25 filing fee payable to the City of Saint Paul
(if cash: receipt number _____)
- ☒ Copy of the City-issued orders or letter which
are being appealed
- ☐ Attachments you may wish to include
- ☒ This appeal form completed

YOUR HEARING Date and Time:

Tuesday, April 17, 2012

Time 1:30 p.m.

Location of Hearing:

Room 330 City Hall/Courthouse

Address Being Appealed:

Number & Street: 313 Ryan Ave City: ST. PAUL State: MN Zip: 55102

Appellant/Applicant: PELLA WINDOWS - PELLA NORTH AND Email: bennettbs@pella.com

Phone Numbers: Business 763-745-1400 Residence _____ Cell 612-840-7986

Signature: Brian Bennett Date: 4-9-12

Name of Owner (if other than Appellant): MOLLY MACH

Address (if not Appellant's): 313 RYAN AVE - ST. PAUL, MN 55102

Phone Numbers: Business _____ Residence _____ Cell _____

What Is Being appealed and why?

Attachments Are Acceptable

- ☐ Vacate Order/Condemnation/
- ☐ Revocation of Fire C of O
- ☐ Summary/Vehicle Abatement
- ☐ Fire C of O Deficiency List
- ☒ ~~Fire C of O~~ Only Egress Windows
- ☐ Code Enforcement Correction Notice
- ☐ Vacant Building Registration
- ☐ Other
- ☐ Other
- ☐ Other



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: 4/9/12

APPEAL PROPERTY ADDRESS: 313 RYAN AVE ST. PAUL, MN 55102

APPLICANT NAME: PELLA NORTHEAND PHONE NUMBER: 612-840-7986

PERMIT NUMBER: 20 12 035292

TYPE OF WINDOW: DOUBLE HUNG

NUMBER OF WINDOWS: 1 - DOUBLE HUNG

TOTAL GLAZED AREA: 5 sq. ft

DIFFERENCE FROM REQUIRED AREA: N/A

WIDTH OF OPENING: 30.49

DIFFERENCE FROM REQUIRED OPENING: N/A

HEIGHT OF OPENING: 22.25

DIFFERENCE FROM REQUIRED OPENING: 1.75"

HEIGHT OF OPENING
TO FINISHED FLOOR: N/A

DIFFERENCE FROM MAXIMUM HEIGHT: N/A

RECOMMENDATION (IF APPLICABLE): _____

FROM: _____