



Saint Paul - Ramsey County Department of Public Health
Environmental Health Section
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6-8574

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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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: 1/24/11

APPEAL PROPERTY ADDRESS: 1159 EDMUND

APPLICANT NAME: PUBLIC HEALTH - DANIEL PHONE NUMBER: 651-266-1143
ON BEHALF OF AMANDA WELIVER 651-698-4211

PERMIT NUMBER: _____

TYPE OF WINDOW: WOOD DOUBLE-HUNG (ACRAFT)

NUMBER OF WINDOWS: 1

TOTAL GLAZED AREA: 7.3 sqft

DIFFERENCE FROM REQUIRED AREA: COMPLIES

WIDTH OF OPENING: 26.5"

DIFFERENCE FROM REQUIRED OPENING: COMPLIES

HEIGHT OF OPENING: 23.5"

DIFFERENCE FROM REQUIRED OPENING: .5"

HEIGHT OF OPENING TO FINISHED FLOOR: < 48"

DIFFERENCE FROM MAXIMUM HEIGHT: COMPLIES

RECOMMENDATION (IF APPLICABLE): _____

FROM: _____