



APPLICATION FOR APPEAL

RECEIVED

AUG 25 2011

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, 9-13-11

Time 1:30

Location of Hearing:

Room 330 City Hall/Courthouse

walk-in

Address Being Appealed:

Number & Street: 922 Wilson Ave City: St. Paul State: MA Zip: 55106

Appellant/Applicant: Ker Mous Email: K-mous@hotmail.com

Phone Numbers: Business _____ Residence _____ Cell 952-769-7637

Signature: *Ker Mous* Date: 8-26-11

Name of Owner (if other than Appellant): Ted Vang

Address (if not Appellant's): 922 Wilson Ave. St. Paul, MA 55106

Phone Numbers: Business _____ Residence _____ Cell 651-262-4963

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

The window it's there, and it's not pass building inspection for sleep room.



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: 8-24-11

APPEAL PROPERTY ADDRESS: 922 Wilson

APPLICANT NAME: Ted Vang PHONE NUMBER: 651-262-4962

PERMIT NUMBER: _____

TYPE OF WINDOW: Casement

NUMBER OF WINDOWS: 1

TOTAL GLAZED AREA: 7.75 DIFFERENCE FROM REQUIRED AREA: + 2.75

WIDTH OF OPENING: 16.25" DIFFERENCE FROM REQUIRED OPENING: - 3.75

HEIGHT OF OPENING: 43" DIFFERENCE FROM REQUIRED OPENING: + 19

HEIGHT OF OPENING TO FINISHED FLOOR: _____ DIFFERENCE FROM MAXIMUM HEIGHT: _____

RECOMMENDATION (IF APPLICABLE): _____

FROM: [Signature]