



APPLICATION FOR APPEAL

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NOV 17 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 waived)
- Copy of the City-issued orders or letter which are being appealed
- Attachments you may wish to include
- This appeal form completed
- Walk-In OR Mail-In

YOUR HEARING Date and Time:

Tuesday, 12-6-11

Time 1:30

Location of Hearing:
Room 330 City Hall/Courthouse

Address Being Appealed:

Number & Street: 1403 Scheffer Ave City: St. Paul State: Mn Zip: 55116

Appellant/Applicant: Bob Shackelford Email Cshack57@hotmail.com

Phone Numbers: Business _____ Residence _____ Cell 612 245 3232

Signature: [Signature] Date: 11/17/11

Name of Owner (if other than Appellant): John Wollme

Address (if not Appellant's): 1403 Scheffer Ave

Phone Numbers: Business _____ Residence 651 699 4621 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

brick exterior



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: 11/17/11

APPEAL PROPERTY ADDRESS: 1403 Scheffer Ave

APPLICANT NAME: Bob Shackelford PHONE NUMBER: 612 245 3232

PERMIT NUMBER: 11-290557

TYPE OF WINDOW: Double Casement

NUMBER OF WINDOWS: 2

TOTAL GLAZED AREA: 8.48 sq. Ft DIFFERENCE FROM REQUIRED AREA: +3.48 sq. Ft

WIDTH OF OPENING: 18.00 DIFFERENCE FROM REQUIRED OPENING: -2.00

HEIGHT OF OPENING: 32.9 DIFFERENCE FROM REQUIRED OPENING: +8.9

HEIGHT OF OPENING TO FINISHED FLOOR: 48 DIFFERENCE FROM MAXIMUM HEIGHT: OK

RECOMMENDATION (IF APPLICABLE): _____

FROM: _____