



**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: PUBLIC HEALTH, DANIEL PHONE NUMBER: 651-246-1143
SCHOOL: SCOTT

NAME OF OWNER

PERMIT NUMBER: _____ TYPE OF WINDOW: SOURCE FANS - WOOD A/CRAFT

NUMBER OF WINDOWS: 2

OTAL GLAZED AREA: 6.25 sq ft

WIDTH OF OPENING: 22 ½ " DIFFERENCE FROM REQUIRED
EIGHT OF OPENING: 13 3 1/4 "

EIGHT OF OPENING

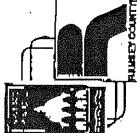
DIFFERENCE FROM MAXIMUM HEIGHT: CO₂ APPLIES

RECOMMENDATION (IF APPLICABLE)

FRONTR.

11-1-11 d
1:30

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



Cover Sheet and Transmittal Form

Sent e-mail

RECEIVED

OCT 20 2011

CITY CLERK

To FAX#: 651-8574

FACSIMILE TRANSMISSION

Date: 10-20-11

To:	<u>Mai Vang Paralegal</u>
Location:	<u>Legislative Hearing Office</u>
	<u>City of St. Paul</u>
Sender:	<u>Daniel Schmidt / Tim Yannarelli</u>
	<u>St. Paul - Ramsey Cty. Dept. of Public Health</u>

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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