



Saint Paul - Ramsey County Department of Public Health
Environmental Health Section
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FAX: (651) 266-1177

Date: 1-16-12

To FAX#: 6-8574

1-24-12 at 1:30 P.M.

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FACSIMILE TRANSMISSION

Cover Sheet and Transmittal Form

To: Mai Vang, 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 3 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: 1-16-12

APPEAL PROPERTY ADDRESS: 1699 CASE

APPLICANT NAME: PUBLIC HEALTH (DANIEL SCHMITZ) PHONE NUMBER: 651-266-1143

PERMIT NUMBER: _____

TYPE OF WINDOW: DH

NUMBER OF WINDOWS: 2

TOTAL GLAZED AREA: 9 sqft DIFFERENCE FROM REQUIRED AREA: COMPLIES

WIDTH OF OPENING: 23.3" DIFFERENCE FROM REQUIRED OPENING: COMPLIES

HEIGHT OF OPENING: 22" DIFFERENCE FROM REQUIRED OPENING: 2"

HEIGHT OF OPENING
TO FINISHED FLOOR: 2' 48" DIFFERENCE FROM MAXIMUM HEIGHT: COMPLIES

RECOMMENDATION (IF APPLICABLE):

FROM: _____



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PHONE: 651-266-8688
FAX: 651-266-8574

DATE: 1-16-12

APPEAL PROPERTY ADDRESS: 1699 CASE

APPLICANT NAME: PUBLIC HEALTH (DANIEL SCHMIDT) PHONE NUMBER: 651-266-1143

PERMIT NUMBER: _____

TYPE OF WINDOW: DH

NUMBER OF WINDOWS: 1

TOTAL GLAZED AREA: 9.68 sq ft DIFFERENCE FROM REQUIRED AREA: COMPLIES

WIDTH OF OPENING: 26.8" DIFFERENCE FROM REQUIRED OPENING: COMPLIES

HEIGHT OF OPENING: 20" DIFFERENCE FROM REQUIRED OPENING: 4"

HEIGHT OF OPENING: 448" DIFFERENCE FROM MAXIMUM HEIGHT: COMPLIES

FINISHED FLOOR: _____

RECOMMENDATION (IF APPLICABLE): _____

FROM: _____