



FIRST CLASS CITY  
FIRST CLASS SERVICE

**CITY OF ROCHESTER**  
**BUILDING SAFETY DEPARTMENT**  
**HOUSING INSPECTION SERVICES DIVISION**  
 4001 West River Parkway NW Ste. 100 Rochester, MN 55901  
 Phone: 507-328-2600  
 Office Hours: Monday – Friday 8 am – 5 pm  
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[www.rochestermn.gov/BuildingSafety](http://www.rochestermn.gov/BuildingSafety)  
[www.rochestermn.gov/CitizenAccess](http://www.rochestermn.gov/CitizenAccess)

**REQUEST FOR MODIFICATION OF EGRESS WINDOW REQUIREMENT**

This worksheet is designed to help you request an Administrative Modification of the egress window requirements by outlining the information that is required to assess your request. You may use this form or provide your own letter incorporating the same information. The following information should be included:

Owner of rental property \_\_\_\_\_  
 Owner’s address \_\_\_\_\_  
 Contact phone number \_\_\_\_\_  
 Contact email address \_\_\_\_\_  
 Rental property address \_\_\_\_\_  
 Type of rental unit (i.e. single family dwelling, duplex, apt. bldg.) \_\_\_\_\_  
 Year structure was built? (approximately, if not known) \_\_\_\_\_  
 Type of construction (i.e. wood frame, masonry) \_\_\_\_\_

Location of Window	Size of Window	Sill Height

<b>If it is impractical to change, why?</b>
<i>(for example: next to driveway, masonry construction, compromises the integrity of the structure, historical structure)</i>

**What do you suggest as an alternative to help compensate for the non-compliant windows?**

*(For example: I will agree to arrange for a licensed electrician to apply for an electrical permit and install a hard-wired smoke detector in the bedroom/s. I understand that I cannot perform this installation since I am not a licensed electrician according to RCO 4-2 Sec. 4-2-2(c); MN Electrical, Licenses 326.242, Subd(6))*


**How will it provide an approximately equivalent level of safety for the occupants?**

*(For example: By installing a hardwired smoke detector in the bedroom, the detector will be less likely to be tampered with and will provide a more reliable and timely method of warning the tenant of smoke or fire, giving the tenant additional time to navigate the opening.)*


*Signature of Owner*

*Date*

It is recommended that this information be supplied within 30 days of receiving your correction letter. You do not give up your right to appeal if you feel this Administrative procedure does not adequately resolve your correction order.

*You may mail, email, or deliver your request to:*

HOUSING MANAGER  
CITY OF ROCHESTER  
BUILDING SAFETY DEPARTMENT  
HOUSING INSPECTION SERVICES DIVISION  
4001 West River Parkway NW Ste. 100  
Rochester, MN 55901  
bsrental@rochestermn.gov