



FIRST CLASS CITY
FIRST CLASS SERVICE

CITY OF ROCHESTER
BUILDING SAFETY DEPARTMENT
HOUSING INSPECTION SERVICES DIVISION
 2122 Campus Drive SE Suite 300
 Rochester, MN 55904
 Phone: 507-328-2600
 Office Hours: Monday – Friday 8 am – 5 pm
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www.rochestermn.gov/BuildingSafety
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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

If it is impractical to change, why?
<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, Susan LeGare-Gulden
Building Safety Department
Housing Inspection Services Division
2122 Campus Dr SE Suite 300
Rochester, MN 55904
slegare@rochestermn.gov