# MINNESOTE

### **Short-Term Vacation Rental Application**

Lake of the Woods County Land and Water Planning

206 8<sup>th</sup> Ave SE, Suite #290 Baudette, MN 56623 Phone: 218-634-1945

http://www.co.lake-of-the-woods.mn.us

### **Instructions to the Applicant**

- 1. All items must be completed before this application will be processed. An incomplete application will not be accepted and will be returned to the applicant.
- 2. Applicant(s) must own the property.
- 3. If the applicant(s) is using an agent, both the applicant(s) and the agent must sign the application.
- 4. Provide a copy of the deed(s) for the property on which the conditional use is requested.
- 5. A site plan must accompany the application. Refer to the provided examples for instructions and required information.
- 6. Locate and mark property lines or corner markers on the ground, if applicable to request. Stake or flag the area(s) of the proposed project so that it is readily apparent during the lot viewal.
- 7. Include a non-refundable filing fee of \$200.00 payable to the Lake of the Woods County Treasurer. Also, include a recording fee of \$46.00 payable to the Lake of the Woods County Recorder.
- 8. In accordance with the Lake of the Woods County Zoning Ordinance Section 606, a current certificate of compliance for your septic system (if one exists on the property) must be submitted with the application. If you are applying between November 1 April 30, or if the ground is still frozen, an inspection of the system must occur when field conditions allow. The findings of the compliance inspection must be submitted to the Land & Water Planning Office.
- 9. Applicant must be present in person for the hearing of this application to explain the request and to answer any questions the Planning Commission has concerning the request.
- 10. Notice will be sent to the applicant verifying the date, time and location of the hearing.
- 11. The applicant(s) is/are responsible for securing any other local, state, or federal permits that may be required. If this application involves work in wetlands or public waters, additional permits and approvals may be required.

### Applicant(s) may need to contact the following agencies:

Minnesota Department of Natural Resources Area Hydrologist 2532 Hanna Ave NE – PO Box 9 Bemidji MN 56601 (218) 308-2462 Minnesota Dept. of Health 705 5<sup>th</sup> St NW, Suite A Bemidji, MN 56601 (218) 308-2100

12. Include additional information as needed to explain and depict the requested use such as maps and aerial photos.

- 13. When you have completed the application and all required information, mail or deliver it to the Lake of the Woods County Land and Water Planning Office, 206 8th Avenue Southeast, Suite #290, Baudette, MN 56623-2867. Applications and all required information must be completed and received prior to 4:00 p.m. on the deadline date in order to be placed on the corresponding Planning Commission meeting agenda. Applications that are found to be incomplete will be returned to the applicant. See attached page for the Planning Commission Calendar.
- 14. I have read and fully understand the above instructions. I hereby swear that all information that I have provided in this application is true and correct. By signing below, I am agreeing to allow the Planning Commission and associated staff from the Lake of the Woods Land and Water Planning Office to conduct a site visit(s) on the property to obtain information pertaining to the request.

| Signature of applicant(s):     | Date: | o the requesti |
|--------------------------------|-------|----------------|
|                                | Date: |                |
|                                | Date: |                |
|                                | Date: |                |
| Signature of authorized agent: | Date: |                |

- If a parcel(s) is in joint ownership written permission of all owners is required.
- When an agent is used, signature of both owner(s) and agent are required.

| For Office Use   |                            |                              |                               |
|--|----------------------------|------------------------------|-------------------------------|
| Date of application:   | Filing acknowledgement by: | Receipt#:                    | App.#:                        |
| Date, time, and place of public hearing:   | 7:00 pm, Co                | mmissioner's Room at the Gov | vernment Center, Baudette, MN |
| Applicant and DNR notified on:   |                            |                              |                               |
|  |                            |                              |                               |
| Decision of the County Board of Comm   | issioners: Approval        | Approval w/conditions        | Denial                        |
| Reason:  |                            |                              |                               |
|  |                            |                              |                               |
|  |                            |                              |                               |
| Any aggrieved person or persons, any D appeal within 30 days after receipt of no law and fact. |                            |                              |                               |
| Chairperson's Signature:   |                            |                              | Date:                         |
| Applicant and DNR notified on:   |                            |                              |                               |
| Land and Water Planning Director's Sign  | nature:                    |                              | Date:                         |
|  |                            |                              |                               |



### **Short-Term Vacation Rental Application**

Lake of the Woods County Land and Water Planning

206 8<sup>th</sup> Ave SE, Suite #290 Baudette, MN 56623 Phone: 218-634-1945

http://www.co.lake-of-the-woods.mn.us

### **Short-Term Rental Application Procedure**

|  | ply with Minnesota Statute 15.99 (processing time deadlines nust be held between the applicant and the Land and Water required information:  |  |  |  |  |
|--|--|--|--|--|--|
| Floor Plan of structure including dimensions of bedrooms and all other sleeping accommodation  | Sewage treatment system compliance inspection or Sewage treatment system design Copy of well record  |  |  |  |  |
| Local person with contact information  | (MDH Well Management 1-800-383-9808)   |  |  |  |  |
| Established quiet hours  | Potable water test results   |  |  |  |  |
| Map depicting locations of property lines, well and septic system locations, accessory structures parking areas, and shore recreational facilities | Evacuation plan/fire safety protocols, location of smoke and CO2 alarms, fire extinguishers, and egress windows  |  |  |  |  |
| The pre-application meeting was held on Water Planning staff that the items checked above are completed.   | _, 20 It was agreed by the applicant(s) and Land and e required for this conditional use application to be   |  |  |  |  |
| Signature of applicant(s):   | Date:  |  |  |  |  |
| Signature of staff:  | Date:  |  |  |  |  |
| 2. Submit a complete application along with the a Water Planning Office.   | appropriate fees to the Lake of the Woods County Land and  |  |  |  |  |
| next available Planning Commission meeting a   | nes that the application is complete, it will be placed on the agenda. If the application is not deemed complete, the Land otice to the applicant stating the reasons why the application  |  |  |  |  |
| 4. The Planning Commission members and the L the proposed use is to be located.  | and and Water Planning staff will visit the property on which  |  |  |  |  |
| Board meeting agenda. You will receive notice  | 6. Once the Planning Commission acts on your application, it is then placed on the next available County Board meeting agenda. You will receive notice of the meeting date, time, and location. The County Board has final authority to approve, approve with conditions, table, or deny your application. |  |  |  |  |
| addition to those required by the Lake of the W  | request, the County Board may attach such conditions in<br>Joods County Zoning Ordinance, which they deem necessary<br>the Ordinance. Such conditions attached to the issuance of a<br>t limited to the following:   |  |  |  |  |

- a. type and extent of shore cover;
- b. increased yards and setbacks;
- c. specified sewage treatment and water supply facilities;
- d. landscaping and vegetative screening;
- e. periods and/or hours of operation;
- f. operational control sureties;
- g. deed restrictions;
- h. location of piers, docks, parking and signs;
- i. type of construction;
- j. any other reasonable requirement necessary to fulfill the purpose and intent of the Ordinance.

### **2021 Planning Commission – Board of Adjustment Calendar**

| PRELIMINARY & FINAL PLAT FILING DEADLINE | ORDINANCE REVISION, CONDITIONAL USE APPEAL & VARIANCE APPLICATION DEADLINE | LOT VIEWALS       | MEETING DATE      |
|--|--|-------------------|-------------------|
| December 11, 2020                        | December 16, 2020  | January 5, 2021   | January 6, 2021   |
| January 8, 2021                          | January 13, 2021   | February 2, 2021  | February 3, 2021  |
| February 5, 2021                         | February 10, 2021  | March 2, 2021     | March 3, 2021     |
| March 12, 2021                           | March 17, 2021   | April 6, 2021     | April 7, 2021     |
| April 9, 2021                            | April 14, 2021   | May 4, 2021       | May 5, 2021       |
| May 7, 2021                              | May 12, 2021   | June 1, 2021      | June 2, 2021      |
| June 11, 2021                            | June 16, 2021  | July 6, 2021      | July 7, 2021      |
| July 9, 2021                             | July 14, 2021  | August 3, 2021    | August 4, 2021    |
| August 6, 2021                           | August 11, 2021  | August 31, 2021   | September 1, 2021 |
| September 10, 2021                       | September 15, 2021   | October 5, 2021   | October 6, 2021   |
| October 8, 2021                          | October 13, 2021   | November 2, 2021  | November 3, 2021  |
| November 5, 2021                         | November 10, 2021  | November 30, 2021 | December 1, 2021  |
| December 10, 2021                        | December 15, 2021  | January 4, 2022   | January 5, 2022   |

- Meetings are held in the Commissioners' Room of the Lake of the Woods County Government Center, 206 8<sup>th</sup> Ave SE in Baudette MN, beginning at **7:00 p.m.**
- No decision will be made during the lot viewals.
- Applicant will be notified of approximate time the Board will be on site for the lot viewals.



Parcel #:

Shoreland

Yes

Lake/River Classification:

No

### **Short-Term Vacation Rental Application**

Lake of the Woods County Land and Water Planning

feet Lot Depth

Lake/River #:

Acreage:

feet

206 8th Ave SE, Suite #290 Baudette, MN 56623 Phone: 218-634-1945

http://www.co.lake-of-the-woods.mn.us

|                    |                            | GENERAL INFOR | RMATION       |      |
|--------------------|----------------------------|---------------|---------------|------|
| Applicant(s)       | Name:                      |               |               |      |
| Mailing Addre      | ess:                       |               |               |      |
|                    | City:                      |               | State:        | Zip: |
| Property Addr      | ess (if different from abo | ove):         |               |      |
|                    | City:                      | -             | State:        | Zip: |
| Phone #:           |                            |               | Fax #:        |      |
| Email:             |                            |               |               |      |
| Applicant(s) N     | Name:                      |               |               |      |
| Mailing Addre      | ess:                       |               |               |      |
|                    | City:                      |               | State:        | Zip  |
| Phone #:           |                            |               | Fax #:        |      |
| Email:             |                            | _             |               |      |
|                    |                            |               |               |      |
| <b>Emergency C</b> | Contact Name:              |               |               |      |
| Phone #:           |                            |               | Fax #:        |      |
| Email:             |                            |               |               |      |
|                    |                            |               |               |      |
|                    |                            |               |               |      |
|                    |                            | PROPERTY INFO | RMATION       |      |
| Section            | Township                   | Range         | Township Name |      |

Lot Width

Lake/River Name:

| Current Zoning Classification:  | Floodplain                   | Yes No                  |
|---|------------------------------|-------------------------|
|   |                              |                         |
| PROJECT INFORM  | MATION                       |                         |
| General   |                              |                         |
| <ol> <li>Provide a detailed description of the request: provide det<br/>bedrooms and occupancy, established quiet hours and an<br/>use. Attach additional sheets labeled if necessary.</li> </ol> |                              |                         |
|   |                              |                         |
|   |                              |                         |
|   |                              |                         |
| 2. Is the requested use compatible with adjacent land uses? use and any Covenants and Restrictions on the property)   | Explain why or why not?      | (Describe adjacent land |
|   |                              |                         |
|   |                              |                         |
|   |                              |                         |
| 3. Is the site in harmony with existing and proposed access   | roads? Explain why or w      | hy not?                 |
|   |                              |                         |
|   |                              |                         |
|   |                              |                         |
| 4. How will parking be addressed? Is there sufficient parking   | ng for fish houses, trailers | , boats, etc.?          |
|   |                              |                         |
|   |                              |                         |

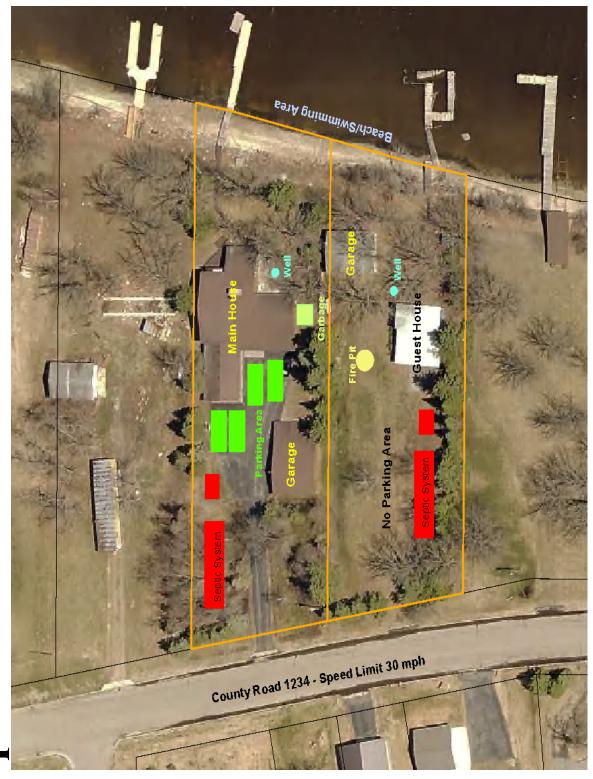
| 5. | Are the affected public waters suited to and able to safely accommodate the types, uses, and numbers of watercraft that the use will generate? Explain why or why not? |
|----|--|
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
| 6. | How is the requested use consistent with maintaining the public health, safety, and welfare? Explain why or why not?   |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
| 7. | Is the amount of liquid waste to be generated reasonable and the proposed sewage disposal system adequate to accommodate such? Explain why or why not?                 |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
| 8. | Will there be fencing and/or other screening provided to buffer the requested use from adjacent properties? Explain why or why not?                                    |
|    |  |
|    |  |
|    |  |

| 9. Will there be signage associated with the use? If yes, explain. (Include the total number, dimensions, location and if the sign(s) will be illuminated)                   |
|--|
|  |
|  |
|  |
|  |
|  |
| 10. Will this structure be used full-time or part-time as a short-term vacation rental? (Example: May – September and twice a month for not less than one week in duration). |
|  |
|  |
|  |
|  |
|  |
| 11. Local contact person information and distance from property.   |
|  |
| 12. Describe additional information that is deemed appropriate to the request.   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

### SITE PLAN SKETCH

| The purpose of the sketch is to Please identify the following:  | graphically illustrate the information include   | ed in your application.   |
|---|--|---|
| <ul><li>Parking Areas</li><li>Septic System Location</li><li>Well Location</li><li>Property Lines</li></ul> | <ul> <li>Fire Pit, Swing Set, Playground, Pool</li> <li>Beach, Swimming Area</li> <li>Docks</li> <li>Garbage Location</li> </ul> | <ul><li>Main Dwelling</li><li>Accessory Structures</li><li>Roadways</li><li>Sign Location</li></ul> |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |

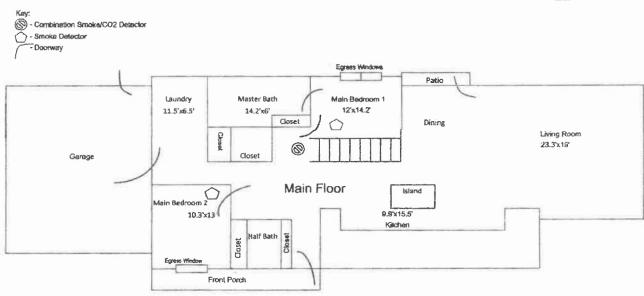
# Sample Short-term Vacation Rental Site Plan



# Sample Short-term Vacation Rental Site Plan



### **EXAMPLE**

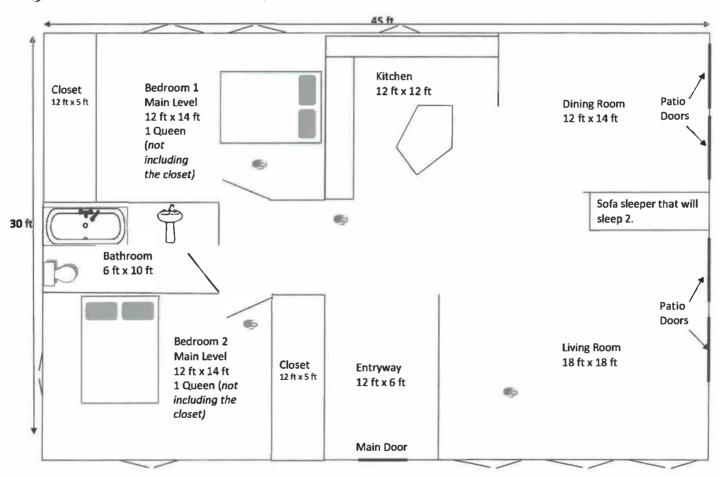


### MAIN LEVEL FLOOR PLAN

For 209 Second St NW, Baudette (Rainy River)

- Overall building dimensions are 30 ft x 45 ft
- Total 1,350 sq ft with two bedrooms
- Bedrooms are each 12 ft x 17 ft (see window worksheet for window style and sizing)
- Each bedroom has one queen bed
- 4 hard-wired and interconnected combination smoke/carbon monoxide alarms





Construction Codes and Licensing Division (651) 284-5026 1-800-657-3944

### CARBON MONOXIDE ALARMS - MINNESOTA STATUTE §299F.50

Approved carbon monoxide (CO) alarms are required in all single family homes and multifamily apartment units with effective dates as follows:

- All new construction single family homes and multi-family dwellings where building permits were issued on or after January 1, 2007.
- All existing single family homes effective August 1, 2008.
- All existing multi-family or apartment dwelling units effective August 1, 2009

### **Listing Required**

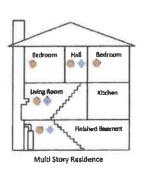
All carbon monoxide alarms must be certified by a nationally recognized testing laboratory that conform to the latest Underwriters Laboratories (U/L) Standards known as UL-2034.

It is important to recognize the differences between a smoke alarm and carbon monoxide (CO) alarm. CO alarms activate based on the concentration of CO over a period of time; this allows for a brief period to ensure that everyone is alright and for the occupant(s) to investigate possible sources of CO accumulation within the home.



When a smoke alarm sounds, all occupants should immediately vacate the premise and call 911. Alternatively, if a CO alarm sounds in the residence a person should verify that the occupants are not showing signs of CO poisoning (headache, nausea, vomiting, disorientation, etc.). If anyone in the home has symptoms of CO poisoning, call 911 immediately. If no one has symptoms of CO poisoning, open windows or doors to allow fresh air to enter and contact the utility company or appliance repair company as soon as possible.

There is a difference between smoke alarms and carbon monoxide alarms and they shall not be used interchangeably, however combination smoke alarm/carbon monoxide alarms are acceptable.





### Location

Every single family dwelling and every multifamily dwelling unit shall be provided with a minimum of one approved and fully operational carbon monoxide alarm installed within ten (10) feet of each room lawfully used for sleeping purposes.

If bedrooms are located on separate floors additional carbon monoxide alarms would be necessary within ten feet of these areas. If bedrooms are located in separate areas (on the same level), additional carbon monoxide alarms would be necessary within ten (10) feet of these areas. In lieu of installing multiple CO alarms in the hallway, a separate CO could be installed inside each sleeping room.

It is important that these devices be installed in accordance with the manufacturer's installations instructions and not be placed in 'dead' air pockets such as corners of rooms, at the junction of walls and ceilings or within thirty-six (36.) inches of ventilation ducts.

### Multifamily dwellings

In multifamily dwellings it is the owner's responsibility to:

- (1) provide and install one approved and operational carbon monoxide alarm within ten feet of each room lawfully used for sleeping and,
- (2) replace any required carbon monoxide alarm that has been stolen, removed, found missing, or rendered inoperable during a prior occupancy of the dwelling unit and which has not been replaced by the occupant prior to the commencement of a new occupancy of a dwelling unit.

### Battery removal and tampering prohibited

No person shall remove batteries from, or in any way render inoperable, a required carbon monoxide alarm.



Questions should be directed to the Minnesota State Fire Marshal Division 651-201-7200, www.fire.state.mn.us or firecode@state.mn.us.

# Minnesota Department of Public Safety State Fire Marshal Division

## **Smoke Alarms**

### **Purpose**

Provide information on smoke alarm requirements in residential occupancies based on when the building was constructed and if the building had any existing smoke alarms.

### **Acronyms**

- Minnesota Residential Code (MRC).
- Minnesota State Fire Code (MSFC).

### Residential occupancies defined

- Single family home, two-family home, townhouses (MRC buildings).
- Apartment/condominium buildings (MSFC Group R-2 buildings).
- Hotels, motels, bed and breakfast (MSFC Group R-1 buildings).
- Housing with services, assisted living, other care facilities (MSFC Group I-1 buildings).
- Board and care, family day cares (MSFC Group R-3 or R-4 buildings).

### Smoke alarms defined

- Single-station: One smoke alarm powered by a home electrical system and/or battery that sounds an alarm from the device when smoke is detected.
- Multiple-station: Two or more single station smoke alarms powered by a home electrical system and batteries that are interconnected and sound an alarm from all devices when smoke is detected in anyone of the devices
- Multiple-station wireless: Two or more single station smoke alarms powered by a home electrical system or batteries that are interconnected wirelessly and when a device detects smoke all devices sound an alarm via a wireless network created by the devices.

### Required maintenance for smoke alarms

- Smoke alarms shall be tested once a month using the testing method recommended by the manufacturer. Typically this is accomplished by pushing the test button on the alarm.
- Replace batteries annually (or when alarm chirps, warning batteries are nearing the end of their life) unless the smoke alarm uses long-life batteries. Long-life smoke alarms with batteries sealed inside shall be replaced immediately when alarm chirps warning batteries are nearing end of life.





# Minnesota Department of Public Safety State Fire Marshal Division

### Replacement of smoke alarms

- Smoke alarms are required by the fire code to be replaced when they exceed 10 years from the date of manufacture. The date is located on the back of the alarm. If there is no date the smoke alarm is over 10 years old.
- Replace when the smoke alarm fails an operability test.
- Smoke alarms shall be replaced with the same type of power supply. This does not prevent replacing battery powered alarms with electrically powered alarms with battery backup.

### Local municipality's rules

Local municipalities are allowed to adopt ordinances having more restrictive smoke alarm requirements for single family homes. This must be done through a formal ordinance; not through a policy or interpretation. Check with the city code officials to see if more restrictive smoke alarm ordinances are in effect in the community.

### Requirements for new construction

- New construction shall comply with MSFC Section 907.2.10.
- New homes constructed to the MRC shall comply with Section R314.

| CONDITION  | LOCATION   | POWER SUPPLY  | INTERCONNECTION<br>REQUIRED                  |
|--|--|---|--|
| New buildings<br>(constructed on or<br>after 3/31/2020). | In hallways outside sleeping rooms. In sleeping rooms. On each level of the building and in basements. Ceiling or wall (not more than 12 inches below ceiling). On center of ceiling above stairways | Hard-wired (120 volt). Battery back-up also required. | Yes; must sound in all areas when activated. |

### Requirements for existing buildings

- Existing hotel guest rooms or lodging houses shall comply with Minnesota Statute 299F.362
   Subd. 4. This requires a single-station smoke alarm in the guest room used for sleeping purposes.
- Existing residential buildings shall comply with MSFC Section 1103.8 and Table 1103.8.





### Minnesota Department of Public Safety State Fire Marshal Division

# TABLE 1103.8 SMOKE ALARM REQUIREMENTS

| CONDITION   | LOCATION   |  | INTERCONNECTION  |
|---|--|--|--|
| CONDITION   | LOCATION   | POWER SUPPLY   | REQUIRED   |
| Existing buildings that do not have any smoke alarms (same as new). | In hallways outside sleeping rooms. In sleeping rooms. On each level of the building and in basements. On ceiling or wall (less than 12 inches below ceiling). On center of ceiling above stairways. | If constructed on or after 8/1/1989, smoke alarms are required to be hard-wired (120 volt). If constructed before 8/1/1989, smoke alarms can be battery-powered. | No interconnection is required for battery-powered alarms.   |
| Existing buildings (constructed on or after 8/1/1989).              | In hallways outside sleeping rooms. On each level and in basements. On ceiling or wall (less than 12 inches below ceiling).  | Smoke alarms are required to be hard-wired (120 volt).   | No interconnection is required.  |
| Existing buildings (constructed before 8/1/1989).                   | In hallways outside sleeping rooms. On each level and in basements. On ceiling or wall (less than 12 inches below ceiling).  | Smoke alarms can be battery-powered.   | No interconnection is required.  |
| Replacement of smoke alarms in existing buildings.                  | Smoke alarms<br>must be installed<br>in same locations<br>as originally<br>installed.  | Power supply must be the same as the smoke alarms being replaced.  | Interconnection must<br>be provided if the<br>smoke alarms being<br>replaced were<br>interconnected. |

### **Questions**

Contact the Minnesota State Fire Marshal Division at 651-201-7221 or email the fire code team at <a href="mailto:fire.code@state.mn.us">fire.code@state.mn.us</a>.





# Minnesota Department of Public Safety State Fire Marshal Division

## **Emergency Escape and Rescue Openings**

### Minnesota State Fire Code (MSFC) requirements

MSFC requirements for emergency escape and rescue openings, otherwise known as egress windows, in sleeping rooms below the fourth story in residential occupancies (Group R and I-1) is broken down into three categories.

- 1. Existing occupancies when either:
  - a. Constructed after July 1,1972.
  - b. Licensed by State of Minnesota.
  - c. Used as transient lodging.
- 2. New occupancies with sleeping rooms on main floor (level of exit discharge).
- 3. New occupancies with sleeping rooms in basements or above the main floor.

### **Existing occupancies**

State Fire Marshal Division (SFMD) staff participated in an egress window study at a major window manufacturer in 2010 to determine the absolute minimum size that would be acceptable for occupants to safely egress and firefighters to enter for rescue in existing residential occupancies. The study led to an updated policy for licensed occupancies such as home daycares. This policy is now code language in the 2020 MSFC Section 1104.26.

The minimum required opening for existing sleeping rooms on any level of the residence up to and including third floor is 4.5 square feet or 648 square inches. This <u>PowerPoint</u> or <u>PDF</u> will show how the measurements are taken to determine if the existing window opening complies with MSFC Section 1104.26.

Window opening size not in compliance with MSFC Section 1104.26.2 shall be replaced with windows complying with the requirements for existing residential occupancies in MSFC Section 1104.26.6. In many cases a double hung or sliding window can be replaced with a casement insert and meet the requirements for egress windows.

### Where not required in existing residential occupancies

- The sleeping room has a door directly to the exterior of the building.
- Dwellings or structures constructed prior to July 1, 1972 (first state building code), provided they are not licensed by Minnesota or used for transient lodging.
- Buildings protected throughout by an approved automatic fire sprinkler system.
- Sleeping rooms of existing buildings having two separate and independent means of egress that pass through only one adjacent non-lockable room or area.
- Hotels or motels constructed prior to April 11, 1983.





# Minnesota Department of Public Safety State Fire Marshal Division

### Windows under decks and porches

Egress windows are allowed to be installed under decks and porches provided the location of the deck allows the egress window to be fully opened and provides a path not less than 36 inches in height to a yard or court.

### New construction or change in occupancy use

New windows on the grade level main floor, known as the level of exit discharge (LED), need a window opening of 5 square feet. This <a href="PowerPoint">PowerPoint</a> or <a href="PDF">PDF</a> show how to measure the opening size and maximum height above the finished floor. New windows above or below the LED need a window opening of 5.7 square feet. This <a href="PowerPoint">PowerPoint</a> or <a href="PDF">PDF</a> show how to measure the opening size and maximum height above the finished floor and information on window wells for basement egress.

### SFMD policy on escape window opening height

SFMD policy INS-04 allows escape windows with openings up to 52 inches off the floor. Those windows may meet the height requirement for existing buildings by:

- Securing a step, platform or bed to the wall directly underneath the window
  - This step, platform or bed shall be no more than 44 inches below the opening and must be strong enough to support the weight of the person
  - o The minimum acceptable width shall be the same as the window opening
  - o The minimum acceptable depth away from the wall shall be 18 inches.

### SFMD policy on coverings on escape windows

SFMD policy INS-04 allows plastic coverings to cover egress windows (and exterior doors) if the plastic covering meets the following requirements.

- The plastic covering is transparent. The occupant can see rescuers outside and rescuers can see people on the inside.
- The plastic covering may only be attached on the inside and can only be attached to the window frame or structure with two-sided tape, hook and loop (Velcro) or static cling.
- The plastic shall have enough material overhanging the attachment on all sides, top and bottom to facilitate grabbing it from any direction and allow easy removal.

### SFMD policy on covers over window wells

SFMD policy INS-04 allows window wells to be covered to keep them clear of debris, snow, and rain, and to help prevent people from falling in. The cover must comply with the following requirements:

- The covering does not interfere with the opening of the window in any way.
- The covering is supported so it cannot freeze to the ground, window well or structure.
   The covering is removable without the use of tools or special knowledge of the window well area by the building occupants.





| <b>Escape Window Worl</b>                                 | sheet for Windows Ins                 | stalled Before July 10, 2007  |    |
|---|---------------------------------------|---|----|
| 1) Check Window Height and Width                          | Address/Building:                     |   |    |
| DOUBLE HUNG   | Date: SLIDING                         | Room:CASEMENT   |    |
|   |                                       |   |    |
| Is the clear openable height,                             | at least 20 inches?                   | Yes No  |    |
| Is the clear openable width,                              | at least 20 inches?                   | Yes No  |    |
| 2) Check Window Opening A                                 | rea (fill in the three blanks)        |   | =  |
| Openable height (inches)                                  | Openable width (inches)               | Openable area (square inches)   |    |
| Is the clear openable area,                               | at least 648 square inches?           | Yes No  |    |
| 3) Check the distance from th                             | e floor to the bottom of opening      | g   | =  |
| Is the distance, from the (bottom of opening) 48 inches o | ne floor to the finished sill r less? | Yes No  |    |
| •   |                                       | th the 2007 Minnesota State Fire Code.<br>; TTY: (651) 282-6555; firecode@state.mn. | us |

| Escape Window Worksheet for Ground Floor Windows In   |                                    |  |  |  |
|---|------------------------------------|--|--|--|
| 1) Check Window Height and Width Address/Building:  | istalled On or After July 10, 2007 |  |  |  |
| DOUBLE HUNG SLIDING   | Room:                              |  |  |  |
| SLIDING   | CASEMENT                           |  |  |  |
|   |                                    |  |  |  |
| Is the clear openable height, at least 24 inches?   | Yes No                             |  |  |  |
| Is the clear openable width, at least 20 inches?  | Yes No                             |  |  |  |
| 2) Check Window Opening Area (fill in the three blanks)   |                                    |  |  |  |
| Openable height (inches)  | enable area (square inches)        |  |  |  |
| Is the clear openable area, (A) at least 720 square inches?   | Yes No                             |  |  |  |
| 3) Check the distance from the floor to the bottom of opening   |                                    |  |  |  |
| Is the distance, from the floor to the finished sill (bottom of opening) 44 inches or less?   | Yes No                             |  |  |  |
| If you answered yes to all questions then the window should comply with the 2007 Minnesota State Fire Code. For assistance: Minnesota State Fire Marshal Division (651) 201-7200; TTY: (651) 282-6555; firecode@state.mn.us |                                    |  |  |  |

| For Escape Windows Installe   | d Above or Below the Level of             | Exit Discharge on or after    | July 10, 2007: |
|---|---|-------------------------------|----------------|
| 1) Check Window Height and Width  | Date:                                     | Room:                         |                |
| DOUBLE HUNG   | SLIDING                                   | CASEMI                        | ENT            |
|   |   |                               |                |
| Is the clear openable height,   | at least 24 inches?                       | Yes                           | No 📗           |
| Is the clear openable width,  | at least 20 inches?                       | Yes                           | No             |
| 2) Check Window Opening A   | rea (fill in the three blanks)            |                               |                |
| Openable height (inches)  | Openable width (inches)                   | Openable area (square inches) |                |
|   | at least 820 square inches?               | Yes                           | No             |
| 3) Check the distance from th   |   | ing 💮                         |                |
| Is the distance, from the (bottom of opening) 44 inches of                  | ne floor to the finished sill<br>or less? | Yes [                         | No             |
| If you answered yes to all questions<br>For assistance: Minnesota State Fin |   |                               |                |

| Window Well V  | Vorksheet                    |               |      |
|--|------------------------------|---------------|------|
| 1) Check Window Well Dimensions  |                              |               |      |
| Address/Building:  |                              |               |      |
| Date:  |                              | 7             |      |
| Is the clear horizontal distance, $\triangle$ at least 36 inches?  |                              | Yes           | No   |
| Is the clear horizontal distance, at least 36 inches?  |                              | Yes           | No   |
| 2) Check Window Well Opening Area (fill in the three b   | olanks)                      |               |      |
| $\triangle$ <b>X</b> $\square$   | = Area                       |               |      |
| Horizontal distance (inches)  Horizontal distance (inches)   | Net horizontal opening (squa | re inches)    |      |
| Is the AFGE at least 1,296 sq  | uare inches?                 | Yes           | No   |
| Check the vertical depth of the window well  |                              |               |      |
| If the distance, from the bottom of the well to the  |                              | Yes           | No 🗍 |
| top at grade is more than 44 inches, a ladder is required.  If a ladder is required, is one provided?                              |                              | t-man-man-d   |      |
| If you answered yes to all questions then the window should com<br>For assistance: Minnesota State Fire Marshal Division (651) 201 | nply with the 2007 Minneso   | ta State Fire | Code |

### Fall Protection Devices

For second story windows, below is additional information on fall protection devices. This is only required if the lowest part of the window is located less than 36 inches from the floor.

**R312.2 Window fall protection**. Window fall protection shall be provided in accordance with Sections R312.2.1 and R312.2.2.

**R312.2.1 Window sills.** In dwelling units, the lowest part of the window opening shall be a minimum of 36 inches (914 mm) above the finished floor of the room in which the window is located. Operable sections of windows shall not permit openings that allow passage of a 4-inch diameter (102 mm) sphere where such openings are located within 36 inches (914mm) of the finished floor.

R312.2.2 Window opening control devices. Window opening control devices shall comply with ASTM F 2090. The window opening control device, after operation to release the control device allowing the window to fully open, shall not reduce the minimum net clear opening area of the window unit to less than the area required by Section R310.1.1.

Please contact the State Fire Marshal's Office with any questions at:

Phone: (651) 201-7200