

**From:** gnelson@oronomn.gov  
**Sent:** 10/30/2023 - 01:47 PM  
**To:** permits@madcitywindows.com  
**CC:** gnelson@oronomn.gov  
**Subject:** Inspection Report Individual

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**CITY OF ORONO**  
**2750 KELLEY PARKWAY**  
**ORONO, MN 55356**  
**PH: (952) 249-4600**  
**FAX: (952) 249-4616**

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## **Inspection Report**

**3704 Casco AVE**

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**Permit Number:** RPS23-000138  
**Site Address:** 3704 Casco AVE, Orono, MN 55391  
**Property Owner:** DONALD SCHRADER  
**Description:** Replacing tub with shower. Exposing part of exterior wall will reinsulate to code.

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**Inspection Date:** 10/30/2023  
**Inspection Type:** Building Final  
**Inspection Results:** **Permit Finaled**

Sincerely,

Gary Nelson  
952-242-4442

***To schedule your inspections please call: (952) 249-4600***

**CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!**