



**SAINT PAUL**  
SAFETY & INSPECTIONS

375 JACKSON STREET, SUITE 220  
ST. PAUL, MINNESOTA 55101-1806  
Phone: 651-266-8989 Fax: 651-266-9124  
Visit our website at [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

**DSI STAFF USE ONLY**

File number: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Fee attached: \_\_\_\_\_

**SKYWAY ORDINANCE 140.10**  
**Exception to General Hours of Operation Application**

This application must be filled out completely. An application fee of \$110.00 must be attached. In addition to describing specific reasons for requesting an exception to the general hours of operation, please attach any supporting information you feel should be considered in granting this exception.

**\*\*Incomplete applications will be returned.\*\***

**1. Reason for request (Attach additional sheet if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Skyway to be considered for exception to general hours of operation**

City skyway number: \_\_\_\_\_ Crosses over street: \_\_\_\_\_

Building names and addresses on each side of the skyway:

1. \_\_\_\_\_
2. \_\_\_\_\_

**Proposed alternate hours of operation:** \_\_\_\_\_

**3. APPLICANT INFORMATION**

Name of contact person: \_\_\_\_\_

Building or company name: \_\_\_\_\_

Street and number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**4. PROPERTY OWNER(S) INFORMATION (Complete only if different from applicant)**

Name: \_\_\_\_\_

