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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: _____

Street and number:				
City:		 State:	Zip Code:	
Phone number: ()	E-mail:		

5. ATTACHMENTS

Please include the filing fee of \$110.00, and all supporting documents required for consideration.

6. APPROVAL/DENIAL

An exception to general hours of operation for skyways may be granted if, after review by the Department of Safety and Inspections, the Skyway Governance Advisory Committee and the Saint Paul City Council, it is found that the information submitted is sufficient to warrant an exception.

I have read the skyway hours of operation requirements in Section 140.10. of the Saint Paul Legislative Code and understand that the property must remain in compliance with the ordinance's general hours until an exception to general hours of operation is approved by the City Council.

Signature of applicant:	_Date:
Signature of owner (if different):	Date:

FOR DSI OFFICE USE ONLY

Date received at DSI:City Staff:		
Date submitted to Skyway Governance Advisory Committee:by_by		
Date received at City Council:by		
Tentative Hearing Date:		
Approval: Yes or No Resolution Date:		
Alternate hours posted within five (5) feet of all entrances to #skyway as required.		
Confirmation of signage date:by Inspector:		