



**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)**

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

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

Area other than a skyway bridge: \_\_\_\_\_

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: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

Street and Number: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**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: \_\_\_\_\_

## PAYMENT INFORMATION

You must pay all applicable fees before your application will be issued. You may pay by cash, check or credit card. Account information will be used to process your payment, by the City and/or a third-party service provider. If you are paying for your permit by *American Express, Discover, MasterCard or Visa*, please carefully fill in the form below, including your signature. You may fax your entire application to our office at: 651-266-9124. If paying by check, please mail the application and payment to us at: 375 Jackson Street, Suite 220, St. Paul, MN 55101.

Signature of Cardholder (required for all charges):												ZIP Code:			
<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Security Code ▶					Expiration Month/Year ▶						
Enter Account Number ▶▶															

**Note: A 2.49% service fee will be charged for all credit/debit card transactions.**

## FOR DSI OFFICE USE ONLY

Date received at DSI: \_\_\_\_\_ City Staff: \_\_\_\_\_

Date submitted to Skyway Governance Advisory Committee: \_\_\_\_\_ by \_\_\_\_\_

Date sent to City Attorney's Office for City Council Preparation: \_\_\_\_\_ 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: \_\_\_\_\_