



Department of Safety and Inspections
 Skyways
 375 Jackson Street, Suite 220
 Saint Paul, Minnesota 55101-1806
 Phone: (651) 266-9117

DSI Staff Use Only
 File number: _____
 Date Received: _____
 Fee attached: _____

**SKYWAY ORDINANCE 140.11
 Exception to General Hours of Operation Application**

This application must be filled out completely. The application fee of \$110.00 must be attached. In addition to The significant 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.
****Fee is not applicable at this time.****

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, the undersigned, hereby certify that the information provided in this application is accurate.
I have read the requirements to apply for an exception to Sky ordinance 140.11.

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 _____
(Must be received at the City Council within thirty (30) days of this date.)

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: _____