

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

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)				
For Safety and security reasons during a h	igh profile tria	l at the	e W.E. Burger Courthouse. This is		
the recommendation of the St. Paul Police	Dept, the U.S	S. Mars	shal Service and the Federal		
Protective Service.					
2. Skyway to be considered for exception to general hours of operation					
City skyway number: 35	Crosses over stre	et:	Fourth St.		
Building names and addresses on each side of the s	kyway:				
1. W.E. Burger Federal Building and US Co	urthouse - 31	6 Rob	ert St. N		
Pioneer Endicott - 141 4th St E					
Proposed alternate hours of operation: Closed to non-employees of W.E. Burger					
3. APPLICANT INFORMATION					
Name of contact person: Timothy J. O'Connor					
Building or company name: General Services A	Administration				
Street and number: 316 Robert St N, Suite 306					
City: St. Paul	State: MN		Zip Code: <u>55101</u>		
Phone number: (651 ) 290-4128	E-mail: tin	nothy.c	oconnor@gsa.gov		
4. PROPERTY OWNER(S) INFORMATION (Complete only if different from applicant)					
Name:					

Street and number:			
City:		Zip Code:	
Phone number: ( )	E-mail:		
5. ATTACHMENTS			
Please include the filing fee of \$110.00, and all support	orting documents re	quired for consideration.	
6. APPROVAL/DENIAL			
An exception to general hours of operation for skyw Safety and Inspections, the Skyway Governance Advi that the information submitted is sufficient to warrar	isory Committee and	•	d
I have read the skyway hours of operation requirements in the property must remain in compliance with the ordinance approved by the City Council.			
Signature of applicant:		Date:	
Signature of owner (if different):		Date:	
Signature of owner (if different):		Date:	
	OFFICE USE ONLY	Date:	
		Date:	
Date received at DSI:  Date submitted to Skyway Governance Advisory Committee	OFFICE USE ONLY City Staff:		
Date received at DSI:  Date submitted to Skyway Governance Advisory Committee (Must be received at the City Council within thirty (30) day	City Staff:ee:_es of this date.)	by	
Date received at DSI:  Date submitted to Skyway Governance Advisory Committee	City Staff:ee:_es of this date.)	by	
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Date received at DSI:	City Staff:ee:es of this date.)	by	
Date received at DSI:	City Staff:ee:ers of this date.)	byby	
Date received at DSI:  Date submitted to Skyway Governance Advisory Committee (Must be received at the City Council within thirty (30) day Date received at City Council:  Tentative Hearing Date:  Approval: Yes or No Resolution	City Staff:ee:es of this date.)  Date:skyw	by by ay as required.	
Date received at DSI:	City Staff:ee:es of this date.)  Date:skyw	by by ay as required.	