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: 7/11/18
Fee attached: MasterCard ✓

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**

Reroute Skyway access at 345 cedar. Work only to take place inside 345 Cedar St. property.

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

City skyway number: 29, 33, 39 Crosses over street: Cedar, 4th st E,

Building names and addresses on each side of the skyway:

1. 345 Cedar St.
2. _____

Proposed alternate hours of operation: Shut down from Aug 15 - Sept 14

3. APPLICANT INFORMATION

Name of contact person: Jeremy Schrimpf

Building or company name: Weis Builders, Inc.

Street and number: 2227 7th ST. NW

City: Rochester State: MN Zip Code: 55901

Phone number: (651) 212 - 3044 e-mail: JeremySchrimpf@Weisbuilders.com

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

Name: Patrick Ostrom

Street and number: 579 [redacted] Selby Ave,

City: St. Paul State: MN Zip Code: 55102

Phone number: (651) 389. 3866 e-mail: POstrom@reeliving.com

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: Jerry Schnepf **Date:** 7/11/18

Signature of owner (if different): _____ **Date:** _____

FOR DSI OFFICE USE ONLY

Date received at DSI: 7/11/2018 City Staff: T. Ferrara TF

Date submitted to Skyway Governance Advisory Committee: 7/11/2018 email by TF
(Must be received at the City Council within thirty (30) days of this date.)

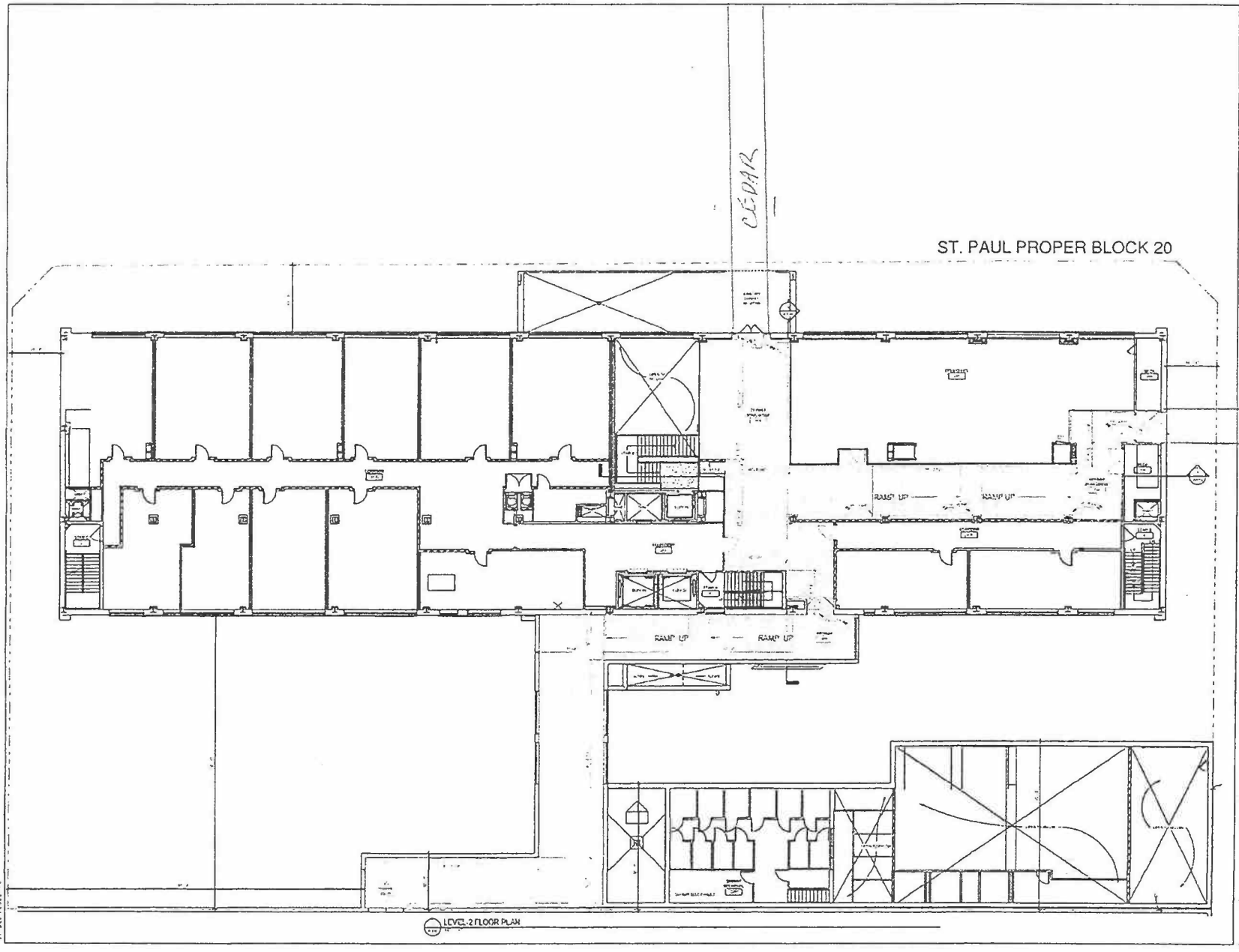
Date received at City Council: _____ by ____

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: _____



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PIONEER APARTMENTS

4TH

SECOND LEVEL SKYWAY EXHIBI

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