



CITY OF SAINT PAUL

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

SKYWAY SYSTEM USE APPLICATION

Applicant

Name: Nancy Ann Coyne
Address: Studio 2608, 111 Marquette Avenue
City, State, Zip: Minneapolis, MN 55401

Phone: 612-702-7336
763-218-4051
Email: info@speakingofhome.org
mike@michaelhaugdesign.com

Organization Name: Speaking of Home

Purpose of Use: EXTENTION OF CURRENT PERMIT. Public art installation and display. Removal of display elements and any repairs that may be needed to be completed within two weeks after final date. Permit extension also applies to Ongoing Activities Permit and School Group Tour permit and will follow same conditions outlined in attached addendums.

Location: Downtown skyways #11, 17, 21, 18 and adjoining skyway cooridors.

Date(s): June 10, 2018 – June 30th, 2019

Hours: Normal skyway hours Tours and activities only from 9-11 am;
1:30-4pm; 6-9pm; 10am-9pm weekends

I, by signing in the appropriate space below, affirm that (1) I am an authorized representative of the applicant;(2) I have read the rules and regulations governing skyway use; and (3) I agree, on behalf of the applicant, to abide thereby.

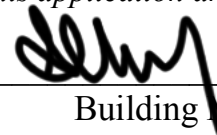

Applicant

5.17.2018
Date

Building Manager

Name: Alex Kelly
Building Name: Alliance Bank Center
Building Address: 55 East Fifth Street
City, State, Zip: Saint Paul, MN 55101
Phone: 651-221-0999 Email: Alex@kellybrothersltd.com

I, by signing in the appropriate space below, authorize the above named group to use the portion of the building requested in this application and accept full responsibility for applicant's use of space.


Building Manager

6.20.18
Date

DSI Review Comments: _____

City Staff Approval Date



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Applicant

5.17.2018

Date

Building Manager

Name: Xue Yang
Building Name: Town Square
Building Address: 445 Minnesota St.
City, State, Zip: St. Paul MN 55101
Phone: 952-374-5824 Email: xue.yang@colliers.com

I, by signing in the appropriate space below, authorize the above named group to use the portion of the building requested in this application and accept full responsibility for applicant's use of space.

Building Manager

6/19/18

Date

DSI Review Comments: _____

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Nancy Ann Coyne
Applicant

5.17.2018
Date

Building Manager

Name: LAURA MAGNUSON
Building Name: SECURIAN
Building Address: 401 ROBERT STREET NORTH
City, State, Zip: ST PAUL, MN 55701
Phone: 651-665-4476 Email: laura.magnuson@
cushwake.com

I, by signing in the appropriate space below, authorize the above named group to use the portion of the building requested in this application and accept full responsibility for applicant's use of space.

Laura Magnuson
Building Manager

6/14/18
Date

DSI Review Comments: _____

City Staff Approval

Date



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Nancy Ann Coyne
Applicant

5.17.2018
Date

Building Manager

* Approved however Madison Equities reserves the right to rescind at any time for any reason.

Name: Todd Erager
Building Name: US Bank
Building Address: 101 E 5th St
City, State, Zip: St. Paul, MN 55101
Phone: (612) 300-2772 Email: toddemadisonequities.biz

I, by signing in the appropriate space below, authorize the above named group to use the portion of the building requested in this application and accept full responsibility for applicant's use of space.

Todd W. Erager
Building Manager

6/12/2018
Date

DSI Review Comments: _____

City Staff Approval Date