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: 2/24/16
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**

Security and safety concerns. Please see attached.

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

City skyway number: 26 & 31 Crosses over street: 5th Street and 4th Street Respectively

Building names and addresses on each side of the skyway:

1. Cray Plaza, 5th Street
2. TPT, 4th Street

Proposed alternate hours of operation: M-Thursday, 4:30 AM - 10:00 PM
Friday, Sat, Sun 5:30 AM - Midnight

3. APPLICANT INFORMATION

Name of contact person: Julie A Bauch, General Manager

Building or company name: 180 East Fifth Street

Street and number: 180 East Fifth Street

City: St Paul State: MN Zip Code: 55101

Phone number: (651) 291-3586 e-mail: julie@bauchenterprises.com

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

Name: Talon First Trust LLC, Attn: Elm Stowell (CFO)

Street and number: 5500 Wayzata Blvd, Suite 1070

City: Minneapolis State: MN Zip Code: 55416

Phone number: (952) 449-3633 e-mail: estowell@talonret.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: _____ **Date:** 2.22.16

Signature of owner (if different): _____ **Date:** 2.23.16

FOR DSI OFFICE USE ONLY

Date received at DSI: 2/24/16 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: _____