

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

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

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 651-266-8989

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 651-266-9124
 www.stpaul.gov/dsi

SKYWAY SYSTEM USE PERMIT APPLICATION

Applicant			
Name:Steven Carpenter			
Address: 9635 Girard Avenue South City, State, Zip: Minneapolis, MN 55431 Phone: Office 952 641 9600 Direct 952 641 9601 Cell 612 817 2165			
		1 Hone.	
		Organization Name: _Archetype Signmakers, Inc.	
Purpose of Use: Public art installation and display (Speaking of Home-St Paul a project by Nancy Ann Coyne) Transom areas above the skyway entrances (21 and 17) and selected areas of the Alliance Bank Center, 55 5th Street East 8/25/16-3/20/17 (2 wk lead f/install+trouble-shooting; 2 wk Date(s): tremoval +repairs): Official dates: 9/6/2016-3/8/2017 Hours: Regular building hours			
		I, by signing in the appropriate space below, affirm that (applicant; (2) I have read the rules and regulations gover form; and (3) I agree, on behalf of the applicant, to abide	ning skyway use on the reverse side of this
		Applicant	Date
Building Manager			
Name: Alex Kelly			
Building Name: Allane fulding //			
Building Address: 55 East 574	stress		
City, State, Zip: ST Pall MN	50101		
Phone: 65221099	•		
I, by signing in the appropriate space below, authorize the building requested in this application.	above named group to use the portion of the		
Jaly	4416		
Building Manager	Date		
City Staff Approval	Date		