

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

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

Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/a 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 8	317 2165
Organization Name: Archetype Signmakers, Inc.	
Purpose of Use: Public art installation and display (Spe	eaking of Home-St Paul a project by Nancy Ann Covne)
LOCATION: 15 5th Street East	ter and roy and sciented areas of the US Bank Center,
Date(s): 1/removal +repairs); Official dates; 9/6/2016-3/8/2017	eaking of Home-St Paul a project by Nancy Ann Coyne) ss (21 and 18) and selected areas of the US Bank Center, g; 2 wk HOURS: Regular building hours
I, by signing in the appropriate space below, affirm the	nat (1) I am an authorized representation of the
applicant, (2) I have read the rules and regulations of	overning skyway use on the reverse side of the
form; and (3) Lagree, on behalf of the applicant, to all	bide thereby.
7/1/	
Applicant	8/25/2015
Applicant	Date
D. 212 - 34	
Building Manager	
C +1 C 11	
Name: Scott Goltz	
Building Name: US Bank Cont	61
Building Address: 101 E 5th St.	
City, State, Zip: St. Paul mn s	55/0/
Phone: 612-685-5312	
I, by signing in the appropriate space below, authorize	the above and
building requested in this application.	the above named group to use the portion of the
()	
XalAH	B-4-15
Building Manager	9-1-12
Tanang Manager	Date
City Staff Approval	Date