

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

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 www.stpaul.gov/dsi

SKYWAY SYSTEM USE APPLICATION

Amiliana	
Applicant	
Name: Christophe Atkins 4. Minnes to Museum	it Amarian lat.
Address: (TIE TENTIAL) MIRC (3)	
City, State, Zip: St. Janl Mar. 1570)	catting emmanog
Phone: 69.747.7813 Email:	CAFFILS EMMAN. De
Organization Name: Minnert Moun of American	At
Purpose of Use: Inha 13 your At In (tall at in) in CKin	han Bridge #30
Location: Bridge 30 Date(s): Vell-Rec-3 2016	
Date(s): (2c-3/2016	Hours:
I, by signing in the appropriate space below, affirm that (1) I am an (2) I have read the rules and regulations governing skyway use; and abide thereby. Applicant	
Building Manager	
Name: Simberly Walker	
Building Name: Planer Englicott	
Building Address: 141 E. 412 St.	
City, State, Zip: St. Pawl, MN . 65101	(4.40)44.6
Phone: 651 789 6630 Email:	Challer Epierum erdicult.com
I, by signing in the appropriate space below, authorize the above nar requested in this application and accept full responsibility for applic	
Dutille	1/16/2018
Building Manager	Date
DSI Review Comments:	
City Staff Approval	Date