



SAINT PAUL
SAFETY & INSPECTIONS

375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806
Phone: 651-266-8989 Fax: 651-266-9124
Visit our website at www.stpaul.gov/dsi

DSI STAFF USE ONLY

File number: _____
Date Received: _____
Fee attached: _____

SKYWAY ORDINANCE 140.10

Exception to General Hours of Operation Application

This application must be filled out completely. An application fee of \$110.00 must be attached. In addition to describing specific 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)

Fairview and the St. Paul Port Authority are partnering to demolish part of St. Joseph's Hospital, including the portion structurally supporting the existing skyway. This request is to demolish the skyway bridge.

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

City skyway number: 1 Crosses over street: St. Peter Street

Area other than a skyway bridge: The entire building on the west side of the skyway bridge

Building names and addresses on each side of the skyway:

1. St. Joseph's Hospital, 45 10th St. West, St. Paul MN 55102

2. Gallery Professional Building, 17 Exchange St. West, St. Paul MN 55102

Proposed alternate hours of operation: N/A, proposing demolition and removal of the skyway bridge

3. APPLICANT INFORMATION

Name of contact person: Rody Lageson

Building or company name: Kraus-Anderson Construction Company

Street and Number: 501 S. 8th Street

City: Minneapolis State: MN Zip Code: 55404

Phone Number: (612) 247-5271 Email: rody.lageson@krausanderson.com

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

Name of contact person: Kristian Thonvold

Building or company name: Fairview Health System

Street and Number: 2450 Riverside Ave.

City: Minneapolis State: MN Zip Code: 55454

Phone Number: (612) 619-3505 Email: kristian.thonvold@fairview.org

5. ATTACHMENTS

Please include the filing fee of \$110.00, and all supporting documents required for consideration

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 have read the skyway hours of operation requirements in Section 140.10. of the Saint Paul Legislative Code and understand that the property must remain in compliance with the ordinance's general hours until an exception to general hours of operation is approved by the City Council.

Signature of applicant: _____

Date: 9/14/26

Signature of owner (if different): _____

Date: 9/16/2026

DocuSigned by:

Kristian Thomsen

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PAYMENT INFORMATION

You must pay all applicable fees before your application will be issued. You may pay by cash, check or credit card. Account information will be used to process your payment, by the City and/or a third-party service provider. If you are paying for your permit by *American Express, Discover, MasterCard or Visa*, please carefully fill in the form below, including your signature. You may fax your entire application to our office at: 651-266-9124. If paying by check, please mail the application and payment to us at: 375 Jackson Street, Suite 220, St. Paul, MN 55101.

Signature of Cardholder (required for all charges):												ZIP Code:			
☐ AMEX	☐ Discover	☐ MasterCard	☐ Visa	Security Code ▶					Expiration Month/Year ▶						
Enter Account Number ▶▶															

Note: A 2.49% service fee will be charged for all credit/debit card transactions.

FOR DSI OFFICE USE ONLY

Date received at DSI: _____ City Staff: _____

Date submitted to Skyway Governance Advisory Committee: _____ by _____

Date sent to City Attorney's Office for City Council Preparation: _____ 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: _____

SKYWAY

Welcome to Saint Paul's Pedestrian Skyway

Welcome to Saint Paul - Minnesota's capital city on the bluffs of the iconic Mississippi River. Downtown Saint Paul boasts a fully enclosed and temperature-controlled skyway system covering 47 city blocks and spanning five miles, making it one of the largest in the world. The system connects pedestrians to many of Saint Paul's best attractions, award-winning restaurants and entertainment venues. Use the skyway system to explore downtown and look for access points to and from the street level.

We're glad you're here in Saint Paul!

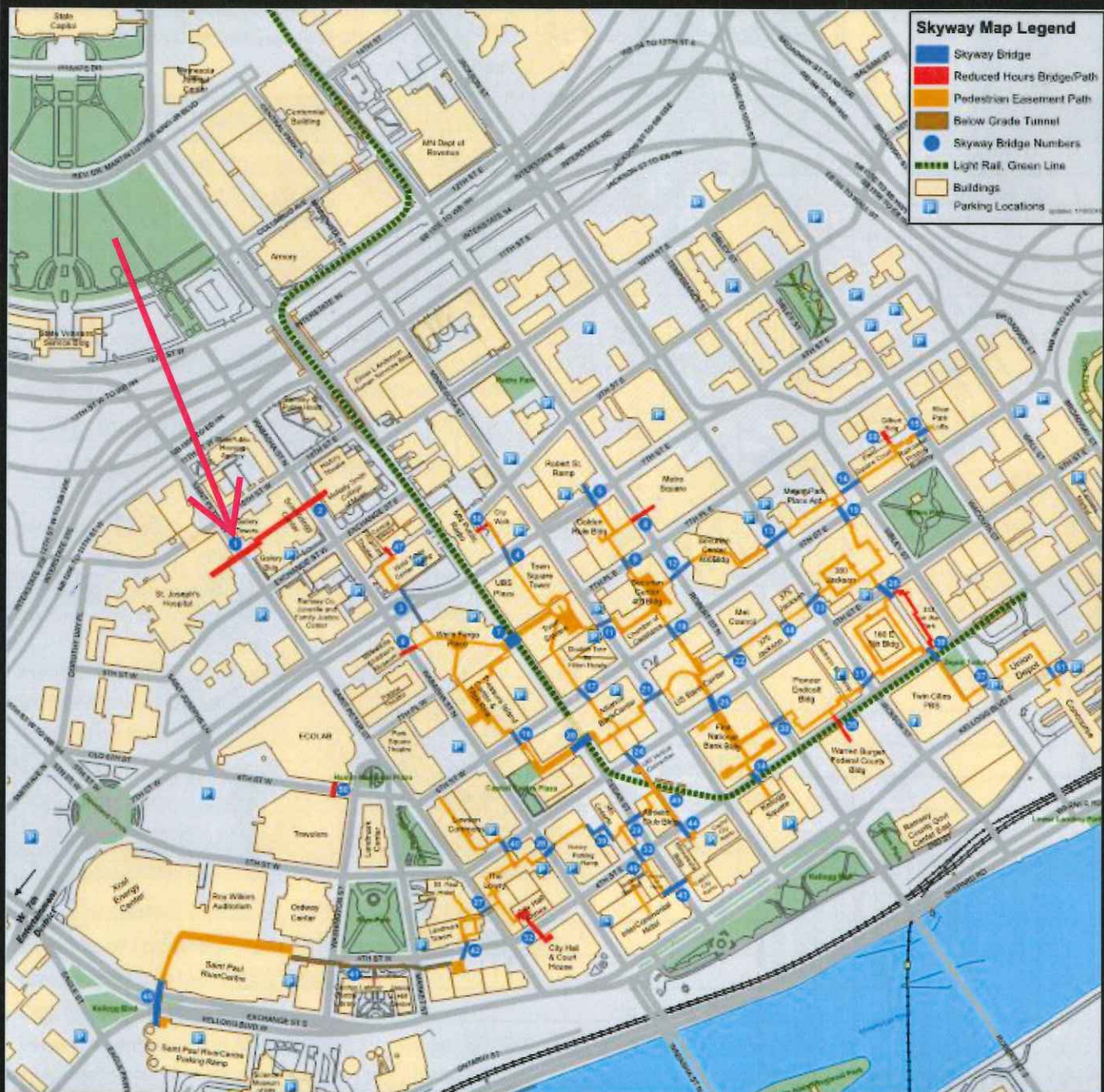
If you have any questions regarding Saint Paul's Pedestrian Skyway System or wish to report a concern, contact the City of Saint Paul at 651-256-8993 or discomplaints@stpaul.mn.us.

An interactive web version of the skyway map is available at <https://www.stpaul.gov/skywaymap>.

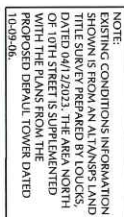
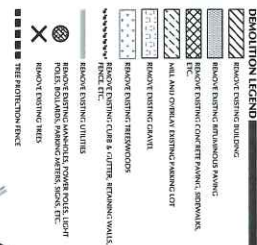
CALL 911 FOR EMERGENCIES.



Scan the above QR code to go to Web/Mobile version of the Skyway Map



SKYWAY



SITE DEMOLITION PLAN

200.SD



Fairview
ST. JOSEPH'S
SOUTH PARCEL

B	W	B	F
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 Louck's

LOWE'S PHOTOCOPY INC. 05000

1. Warranty - Explain the guarantee or warranty given to the customer. It is a promise or assurance that the product will meet certain standards or perform in a certain way.

2. Product - Describe the product being sold. This includes the name, features, benefits, and any other relevant information.

3. Price - State the price of the product. This should be clearly stated and include any discounts or promotions.

4. Quantity - Specify the quantity of the product being sold. This should be clearly stated and include any options for bulk or wholesale orders.

5. Delivery - Explain the delivery process. This includes the shipping method, estimated delivery time, and any other relevant information.

6. Payment - State the payment terms. This includes the accepted payment methods, the due date, and any other relevant information.

7. Return Policy - Explain the return policy. This includes the conditions for returns, the time frame for returns, and the refund process.

8. Other - Any other information that is relevant to the sales order, such as taxes, shipping fees, or special instructions.

[illegible]