DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, Director

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/dsi

Public Hearing
Feb 6th

Application for Sound Level Variance

City of Saint Paul Noise Ordinance
Chapter 293 of the Saint Paul Legislative Code

1. Organization or person seeking variance: Minnesota Anonymous
2. Mailing Address with Zip Code: 8551 Gueneth Ln Apt 614 Eden prairie MN 55344
3. Responsible person: Jeff Hargarten
4. Title or position: Media Liaison
5. Telephone: 1 (763) 210-8906
6. Briefly describe the noise source and equipment involved: Twin self-amplified Karaoke speakers, Microphone, mp3 players, Vuvuzela (wind instrument)
7. Address or legal description of noise source: Corner of Wabasha & Exchange Streets.
8. Noise source time of operation: 10:30 AM - 4:30 PM
9. Briefly describe the steps that will be taken to minimize the noise levels: Handheld Decibel meter to maintain levels within City Code.
10. Briefly state reason for seeking variance: to provide dance music for gathering while remaining within City Code. ("Dance-Protest")
11. Date(s) during which the variance is requested: February 10th, 2013

Signature of responsible person: Jeff Hargarten **Date:** 01.09.12

Dist #17

Return completed Applicatic
CITY OF SAINT PAUL
DEPARTMENT OF SAFETY
375 JACKSON STREET, SUI
SAINT PAUL, MN 55101-180(
(651) 266-8989

80 dBA as measured
50 feet from speakers

NOTE: APPLICATION MUS
THAN 30 (THIRTY) DAYS P

SAINT PAUL

DSI RECEIPT

CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street Suite 220
Saint Paul, Minnesota 55101-1806
Phone: (651) 266-8989 Fax: (651) 266-9124
www.stpaul.gov/dsi

Date: 01/10/2013

Received From: JEFFREY A HARGARTEN dba: MINNESOTA ANONYMOUS
8551 GWENETH LANE APT 614 EDEN PRAIRIE MN 55344-6639

Description:

Invoice Details	**Invoice Amount**	**Amount Paid**
849788		
Noise Variance	$164.00	$164.00

TOTAL AMOUNT PAID: **$164.00**

Paid By:

Payment Type	Check #	Received Date	Amount
Check	1218	01/10/2013	$164.00

1/10/13

To:

Mark Kaisersatt