

CITY OF SAINT PAUL

## Received

Business Licensing 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

February 2020

APR 1 8 2022

City of Saint Paul - DSI

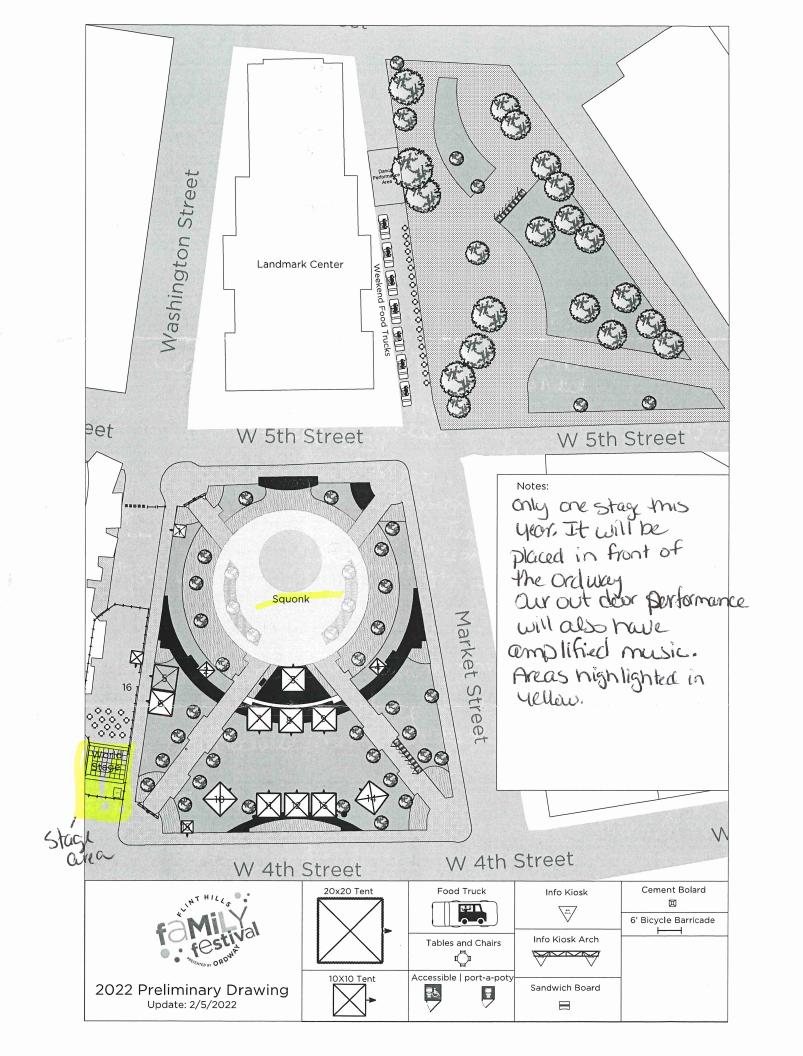
## **Sound Level Variance Application**

Legislative Code Chapter 293. - Noise Regulations

Application and \$175 fee payment should be submitted a minimum of sixty (60) days prior to the scheduled event start date. A public notification period is required prior to scheduling the application's Public Hearing before the Saint Paul City Council. Applications received fewer than sixty (60) days prior to the event may not satisfy the ordinance's processing timelines for placement on the Council's agenda.

1. Organization/person seeking variance: Ordinary Center 2. Event Name: Flant Hills Family Festival 3. Address and physical description of noise source location (Event, Worksite): 345 Washing to Me Washing to and 44 Rue Rive 4. Responsible person: This Control Title: Director of Production 5. Telephone: 651-287-3539 E-Mail: Jenckson and Ordinary organization of operation: Two - Francis: Jenckson and Ordinary organization organization organization organization organization of pre-event sound check: Two - Francis: Jenckson and Jency - Time(s) of pre-event sound check: Two - Francis: Jenckson and Jency - Time(s) of pre-event sound check: Two - Francis: Jenckson and Jency - Time(s) of pre-event sound check: Two - Francis: Jenckson and Jency - Time(s) of pre-event sound check: Two - Francis: Jency -	
3. Address and physical description of noise source location (Event, Worksite): 345 Washington 3 Me (Washington and 4 P)  Rue Rav  4. Responsible person: Tulia Enckon Title: Director of Production  5. Telephone: 651. 287. 3839  6. Date(s) variance requested: 5/31/22 - 4/4/27  7. Noise source - Time(s) of operation: Tus - Fn 9.30A - 1.305 Fri eurning 5 pm 10pm 10pm - Time(s) of pre-event sound check: Tues - Fn 8.30A Fri eurning 4 pm 3 at 9 am 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10p	1. Organization/person seeking variance: Ordunas Conter
4. Responsible person: Julia Enckon Title: Director of Production 5. Telephone: (6) 287 3039 E-Mail: Jenckon of Making and 6. Date(s) variance requested: 5/31/22 - 4/4/27 7. Noise source - Time(s) of poperation: Time - Fin 9:30A - 1:30s Fin evening 5pm - 8pm Uppr - Time(s) of pre-event sound check: Time - Fin 8:30A Finerang 4pm 3at 9am 8. Sound level requested (dBA/Decibels): 90-110 db4 9. Mailing address w/zip code: 345 Liashington Sheet 5t Paul 114 55R2 10. Briefly describe the noise source and equipment involved: Speakers and monitors on Share will be active to the noise source and equipment involved: Speakers and monitors on Share will be taken to minimize the noise levels: Speakers and monitors on Share will be taken to minimize the noise levels: Speakers and encounters on March 12. State reason for seeking variance (example - music, announcements, construction, etc.):  12. State reason for seeking variance (example - music, announcements, construction, etc.):  13. A site diagram & map must be attached showing location of noise source(s), streets, stages, tents, etc. (If there will be amplified sound, indicate location and direction that all speakers will be facing).  Multiple locations may require more than one application.  14. Submit completed application, site diagram/map, and \$175.00 fee to:  CITY OF SAINT PAUL  DEPARTMENT OF SAFETY AND INSPECTIONS  375 JACKSON STREET, SUITE 220  SAINT PAUL, MN 55101-1806	2. Event Name: Flint Hills Family Festival
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8. Sound level requested (dBA/Decibels): 90 110 dbA  9. Mailing address w/zip code: 345 Linkhington Sheet 5t Paul MN 55102  10. Briefly describe the noise source and equipment involved: Sealers and monitors on Stage. With the attacked showing location of noise source(s), streets, stages, tents, etc. (If there will be amplified sound, indicate location and direction that all speakers will be facing).  12. Stability of Saint Paul Department of Saint Paul Department of Safety and inspections 375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806	and the second s
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SAINT PAUL, MN 55101-1806	
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Signature of responsible person: Date: 18/22	4/2/-
	Signature of responsible person: Date: 18/22

AA-ADA-EEO Employer





## **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: 04/18/2022

Received From: JULIA ERICKSON dba: ORDWAY CENTER FOR THE PERFORMING ARTS

345 WASHINGTON ST ST PAUL MN 55102

Description:

**Invoice Details** 

**Invoice Amount** 

**Amount Paid** 

1125085

Noise Variance

\$178.00

\$178.00

**TOTAL AMOUNT PAID:** 

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	3925	04/18/2022	\$178.00