

JUN 3 0 2022

375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

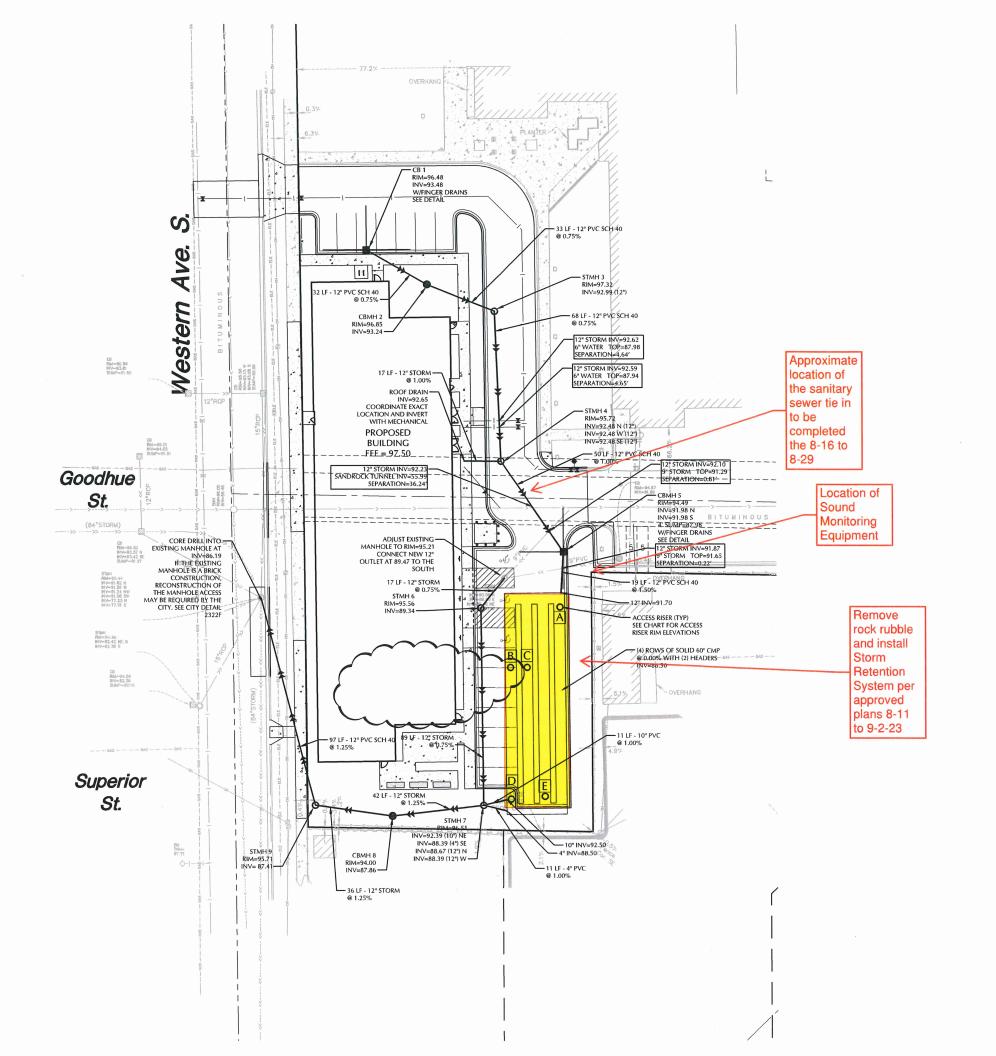
City of Saint Paul - DSI

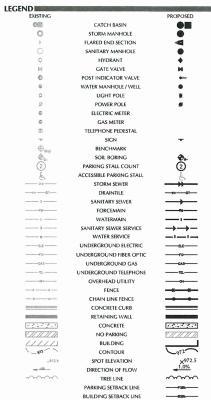
# **Sound Level Variance Application**

Legislative Code Chapter 293. - Noise Regulations Application and \$178 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of the event date may not satisfy the processing timeline requirements.

1.	Organization/person seeking variance: Nor-Son Constr	ruction
<i>2</i> .	Event Name: Installation of Storm Water Ret	tention System
	Address and physical description of noise source location (Ev. 70 Western Ave S	ent, Worksite):
4.	Responsible person: Chris Emond	Title: Sr. PM
		Chris.Emond@Nor-Son.com
6.	Date(s) variance requested: 8-10-22 to 9-16-22	
7.	Noise source - Time(s) of operation: Monday to Friday	7 am to 5 pm
	- Time(s) of pre-event sound check:	
8.	Sound level requested (dBA/Decibels): 95 dBA	
9.	Mailing address w/zip code: 700 Lake St. E Suite	213 Wayzata MN 55391
10.	Briefly describe the noise source and equipment involved: $R$	emove previously broken up
ro	ck, install Storm Water System, parking l	ot install
<u>pr</u>	Describe the steps that will be taken to minimize the noise level eviously to avoid loudest sounds, Electron	ic monitoring will be used
	State reason for seeking variance (example - music, announc	ements, construction, etc.):
<b>14.</b> etc.	Maximum number of attendees: $\frac{N/A}{A}$ A <u>site diagram &amp; map</u> must be attached showing location of (If there will be amplified sound, indicate location and direction leads to be a section of the sec	
	tiple locations may require more than one application.)  Submit completed application, site diagram/map, and \$178;  CITY OF SAINT PAUL, DEPARTMENT OF SAFETY AND INSPECTI  375 JACKSON STREET, SUITE 220  SAINT PAUL, MN 55101-1806	
	derstand any social gathering associated with this variance must licable Mayor Carter executive order regarding vaccinations, dista	

Signature of responsible person:





# **L**OUCKS

### UTILITY NOTES SEE SHEET COLL FOR UTILITY NOTES.

## STORM SEWER SCHEDULE

STRUCTURE NO.	CASTING	MANHOLE SIZE
CB 1	R-3067	2x3
CBMH 2	R-2560-EA	48" PRECAST
STMH 3	·R-1642	60" PRECAST
STMH 4	R-1642	60" PRECAST
CBMH 5	R-3067	48" PRECAST
STMH 6	R-1642	48" PRECAST
STMH 7	R-1642	48" PRECAST
CBMH 8	R-2560-EA	48" PRECAST
STMH 9	R-1642	48" PRECAST

### ACCESS RISER RIM ELEVATION

RISER NO.	ELEVATION
A	95.02
В	95.88
С	95.78
D	97.42
E	96.86

# CADD QUALIFICATION

CIVIL ENGINEERING
LAND SURVEYING
LANDSCAPE ARCHITECTURE
ENVIRONMENTAL

7200 Hemlock Lane, Suite 300 Maple Grove, MN 55369 763.424.5505 www.loucksinc.com

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**APARTMENTS** 

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Drawn By Checked By Review Date	DE PJ 04/03/2
	SHEET NOTE OLITION PLA SITE PLA
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C1-1	DEMOLITION PLAN
C2-1	SITE PLAN
C2-2	OVERALL SITE PLAN
C.3-1	GRADING PLAN
C3-2	EROSION CONTROL
C4-1	SANITARY/WATERMAIN PLAN
C4-2	STORM PLAN
C8-1	CIVIL DETAILS
C8-2	CIVIL DETAILS
L1-1	LANDSCAPE PLAN



# WARNING:

THE CONTRACTOR SHALL BE RESPONSIBLE FOR CALLING FOR LOCATIONS OF ALL EXISTING UTILITIES. THEY SHALL COOPERATE WITH ALL UTILITY COMPANIES IN MAINTAINING THEIR SERVICE AND / OR RELOCATION OF LINES.

THE CONTRACTOR SHALL CONTACT GOPHER STATE ONE CALL AT 651-454-0002 AT LEAST 48 HOURS IN ADVANCE FOR THE LOCATIONS OF ALL UNDERGROUND WIRES, CABLES, CONDUITS, PIPES, MANHOLES, VALVES OR OTHER BURIED STRUCTURES BEFORE DIGGING. THE CONTRACTOR SHALL REPAIR OR REPLACE THE ABOVE WHEN DAMAGED DURING CONSTRUCTION AT NO COST TO THE OWNER.









# **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: 07/01/2022

Received From: CHRIS EDMOND dba: NOR-SON CONSTRUCTION

700 LAKE ST STE 213 WAYZATA MN 55391

Description:

Invoice Details

**Invoice Amount** 

**Amount Paid** 

1127241

Noise Variance

\$178.00

\$178.00

**TOTAL AMOUNT PAID:** 

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	4345	07/01/2022	\$178.00