

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

Application for Sound Level Variance

City of Saint Paul Noise Ordinance Chapter 293 of the Saint Paul Legislative Code FOR Festa Italiana

1. Organization or person seeking variance: HSR Event Services, Steve Heckler
2. Mailing Address with Zip Code: POBOX 8/62 57, Paul, MN, 55/08
3. Responsible person: 5 Heve Heckler
4. Title or position: Produce () Directors
5. Telephone: 6/2-227-3108
6. Briefly describe the noise source and equipment involved: PA, Stage Amps
7. Address or legal description of noise source: Flance II Island
8. Noise source time of operation: 2 to 16'00 pm - Sept d3rd 224", d0)
9. Briefly describe the steps that will be taken to minimize the noise levels: USING SMELLER SYSTEM,
10. Briefly state reason for seeking variance: Sound from PA - for Festa Lightan
11. Date(s) during which the variance is requested: September 23, 24, 20//
Signature of responsible person: Date: <u>C/)4//)</u>
Return completed Application and \$164.00 for to.
CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AI
375 JACKSON STREET, SUITE SAINT PAUL, MN 55101-1806
CITY OF SAINT PAUL DEPARTMENT OF SAFETY AI 375 JACKSON STREET, SUITE SAINT PAUL, MN 55101-1806 (651) 266-8989 100 feet from 504nd 504nd 100 feet from 504nd
NOTE: APPLICATION MUST I

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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: 06/20/2011

Received From: HSR EVENTS

6545 119TH PLACE N CHAMPLIN MN 55316

Description:

Invoice Details Invoice Amount Paid

747917

Noise Variance \$164.00 \$164.00

TOTAL AMOUNT PAID: \$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	6132	06/20/2011	\$164.00