

MAR 1 1 2022

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

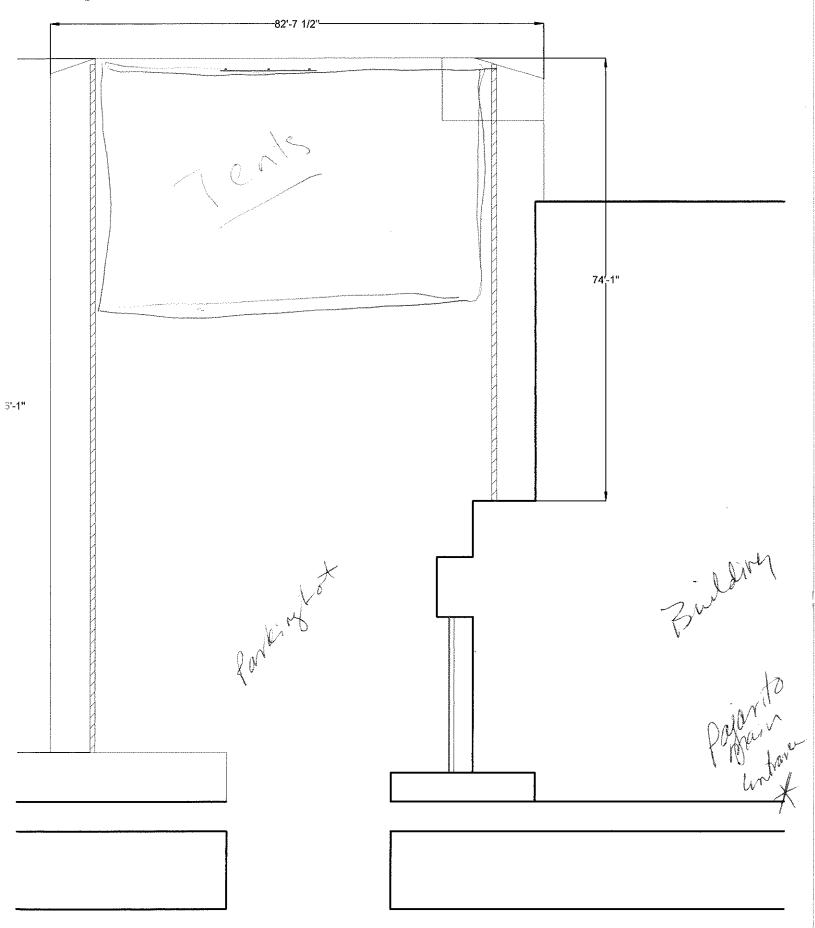
City of Saint Paul - DSI

Sound Level Variance Application
Legislative Code Chapter 293 Noise Regulations Application and \$178 fee should be submitted a minimum of
Legislative Code Chapter 293 Noise Regulations Application and 3178 fee should be relied and sixty (60) days prior to the event date to allow ample time for required public notification period and sixty (60) days of the event date may scheduling of a Council public hearing. Applications submitted within sixty (60) days of the event date may
not satisfy the processing timeline requirements.
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1. Organization/person seeking variance:
1. Organization/person seeking variance: 2. Event Name:
605 W 7th ST. SThail, mn 55/102
4. Responsible person: Jamie Title: General Manager 5. Telephone: 651-340-9545 E-Mail: Layer Hotel DE Culinary in Com
5. Telephone: 651-340-9543 E-Mail: 12467110000
 Date(s) variance requested:
- Time(s) of pre-event sound check:
8. Sound level requested (dBA/Decibels):
a saciling address with code: 605 W. 1751. STULL, MINTSTO
and equipment involved: Norther wife 1975
speakers for music
11. Describe the steps that will be taken to minimize the noise levels: Back Corner
totaled by heart bushes.
12. State reason for seeking variance (example - music, announcements, construction, etc.):
12 Marieum number of attendees: 200
A site diagram 8, man must be attached showing location of noise source(s), streets, stuges, terres,
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.)
ar, Submit completed application, site diagram/map, and \$178 fee to:
CITY OF SAINT PAUL, DEPARTIMENT OF SAIL IT AND MOTOR
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806
I understand any social gathering associated with this variance must be managed in compliance with any
Coulor avacuative order regarding vaccifiations, disconding, masses
Data: 3/9/22
Signature of responsible person:
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CITY OF SAINT PAUL MELVIN CARTER, MAYOR

AN AFFIRMATIVE ACTION & EQUAL OPPORTUNITY EMPLOYER STPAUL, GOV

16 1 1





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: 03/16/2022

Received From: JAMIE dba: ECLECTIC CULINARY CONCEPTS DBA PAJARITO

605 7TH ST W ST PAUL MN 55102

Description:

Invoice Details

Invoice Amount

Amount Paid

1124003

Noise Variance

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	5718	03/16/2022	\$178.00