



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 Hearings  
Aug. 17th

**Application for Sound Level Variance**  
City of Saint Paul Noise Ordinance  
Chapter 293 of the Saint Paul Legislative Code

- Organization or person seeking variance: McNally Smith College of Music
- Mailing Address with Zip Code: 19 Exchange St E St. Paul, MN 55101
- Responsible person: Chelsea Dammen
- Title or position: Events Coordinator
- Telephone: 651-361-3384
- Briefly describe the noise source and equipment involved: BASIC PA system  
Contemporary Music Ensembles
- Address or legal description of noise source: 19 Exchange St E St. Paul, MN  
55101 - courtyard
- Noise source time of operation: 1PM soundcheck - 6PM
- Briefly describe the steps that will be taken to minimize the noise levels: professional  
sound engineer will monitor levels, bands will be asked to limit stage  
volume
- Briefly state reason for seeking variance: public for open to families & neighborhood  
final concert for summer workshop
- Date(s) during which the variance is requested: 8/21/11

Signature of responsible person: [Signature] Date: 07/15/11

**Return completed Application and  
CITY OF SAINT PAUL  
DEPARTMENT OF SAFETY AND I  
375 JACKSON STREET, SUITE 220  
SAINT PAUL, MN 55101-1806  
(651) 266-8989**

85 dBA @ 50 feet

**NOTE: APPLICATION MUST BE R**  
**THAN 30 (THIRTY) DAYS PRIOR T**



# 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: 07/22/2011

Received From: MCNALLY SMITH COLLEGE INC dba: MCNALLY SMITH COLLEGE OF MUSIC  
19 EXCHANGE ST E ST PAUL MN 55101

**Description:**

| Invoice Details           | Invoice Amount | Amount Paid     |
|---------------------------|----------------|-----------------|
| 751565<br>Noise Variance  | \$164.00       | \$164.00        |
| <b>TOTAL AMOUNT PAID:</b> |                | <b>\$164.00</b> |

**Paid By:**

| Payment Type | Check # | Received Date | Amount   |
|--------------|---------|---------------|----------|
| Check        | 67888   | 07/22/2011    | \$164.00 |