

8/13/14

pd w/c # 10296008

\$ 164.00 26

DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, Director

RECEIVED IN D.S.I.



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

AUG 11 2014

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

Sound Level Variance Application

City of Saint Paul Noise Ordinance
Chapter 293 of the Saint Paul Legislative Code

Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than thirty (30) days prior to the public hearing date that is nearest the variance start date. Public hearings are only held on the first and third Wednesday of each month. Variance start dates must be after the public hearing date.

1. Organization/person seeking variance: University of St. Thomas
2. Mailing Address w/zip code: Mail 4024, 215 Summit Ave. St Paul, MN 55105
3. Responsible person: Kirsten Edwards
4. Title or position: Assistant Director of Campus Life
5. Telephone: (651) 962-6134 E-Mail: edwardkr@stthomas.edu
6. Briefly describe the noise source and equipment involved: acoustic concert with stage, speakers, lights
7. Address or legal description of noise source: John P. Menohan Plaza, University of St. Thomas, 215 Summit Ave. St. Paul, MN 55105
8. Noise source time of operation: 6:30pm - Sound Check 7:30pm - concert 9pm - end of concert
9. Date(s) during which the variance is requested: September 13, 2014
10. Describe the steps that will be taken to minimize the noise levels: acoustic show, placement of stage, monitoring decibel levels, public safety staff
11. Briefly state reason for seeking variance: outdoor concert
12. Attach site diagram 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.
13. Return completed Application and \$164.00 fee to:

CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806
(651) 266-8989

Signature of responsible person: _____

Date: 8/5/14

6/18/14



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: 08/13/2014

Received From: UNIVERSITY OF ST THOAMS
2115 SUMMIT AVE ST PAUL MN 55105

Description:

Invoice Details

901661

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

| Payment Type | Check # | Received Date | Amount |
|--------------|----------|---------------|----------|
| Check | 10296008 | 08/13/2014 | \$164.00 |