

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

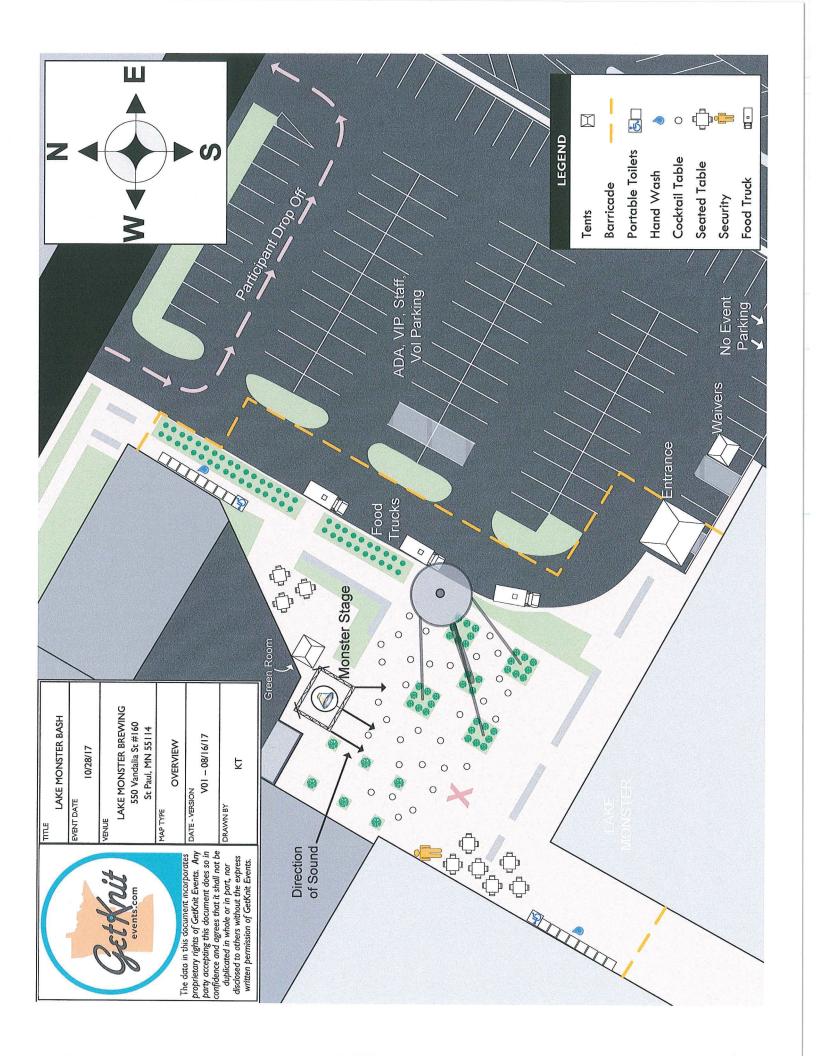
375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

Sound Level Variance Application

City of Saint Paul Noise Ordinance (Chapter 293)

Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.

1. Organization/person seeking	variance: GetKnit Events	
	2751 Hennepin Ave S. Minneapolis, M	N 55408
3. Responsible person: Nicholas		President
4. Event Name: Lake Monster Ba	ash	
5. Telephone: 855.333.5678	E-Mail: nick	@getknitevents.com
6. Date(s) during which the varia	ince is requested: October 27th and 28	
7. Noise source - Time(s) of open	ation: Saturday, October 28th 12:00	PM - 10:30 PM
- Time(s) of pre-e	event sound check: Friday, October 2	7th 10:00 AM
8. Address or legal description of	Noise source: 550 Vandalia	- St. Plaza in front of
	measured at 100' in a commercial zone.	· .
10. Briefly describe the noise sou	rrce and equipment involved: Live m	usic from multiple family -friendly bands/performers ered Pro QSC speakers for the outdoor area.
11. Describe the steps that will b facing Lake Monster Brewing.	e taken to minimize the noise levels:	Speakers will be in the corner of the complex
12. State reason for seeking vari	ance (E.g. music, announcements, co	nstruction, etc.): Music and spoken word.
13. Attach site diagram showing sound, indicate location and direct	location of noise source(s), streets, s	tages, tents, etc. (If there will be amplified Multiple locations may require more than one application.
,	on that an speakers will be jucing.)	ividitiple locations may require more than one application.
14. Return completed Application	n, Site Diagram, and \$172.00 fee to:	CITY OF SAINT PAUL
	31 M	DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806
Signature of responsible person:	111111	Date: 8/30/17





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: 08/25/2017

Received From: GETKNIT LLC

2751 HENNEPIN AVE S MINNEAPOLIS MN 55408

Description:

Invoice Details

Invoice Amount

Amount Paid

999429

Noise Variance

\$172.00

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	1950	08/25/2017	\$172.00