



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 Hearing
Sept. 21

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

1. Organization or person seeking variance: Church of St Paschal Baylon
2. Mailing Address with Zip Code: 1757 Coakley St St Paul Mn 55106
3. Responsible person: Ronald Rice
4. Title or position: Business Manager
5. Telephone: 651-774-1585
6. Briefly describe the noise source and equipment involved: Two main sources a live band and a generator
7. Address or legal description of noise source: The event will take place in our athletic field across the street (WB Ave) and 3rd St
8. Noise source time of operation: 7-11 PM
9. Briefly describe the steps that will be taken to minimize the noise levels: The band will be in a band shell that will be bottled up to an enclosed tent. The band shell will face White Bear Ave. There are no homes directly behind.
10. Briefly state reason for seeking variance: We want to make sure the hours are permissible by the city as well as the event.
11. Date(s) during which the variance is requested: October 14, 2011

Signature of responsible person: Ronald Rice Date: 9-16-11

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

Office Use Only	
Date Rec'd.	_____
Reviewed	_____
Date Public Notice Sent	_____
Referred to Council	_____

NOTE: APPLICATION MUST BE RECEIVED NO FEWER THAN 30 (THIRTY) DAYS PRIOR TO THE EVENT DATE



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: 08/23/2011

Received From: CHURCH OF ST PASCAL BAYLON dba: CHURCH OF ST PASCAL BAYLON
1757 CONWAY ST ST PAUL MN 55106-5929

Description:

Invoice Details

756320

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	38996	08/23/2011	\$164.00

85 dBA as
measured inside the
+ room at the wall
~~opposite~~ the sound
source