## CITY OF SAINT PAUL

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JUL 3 0 2020

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

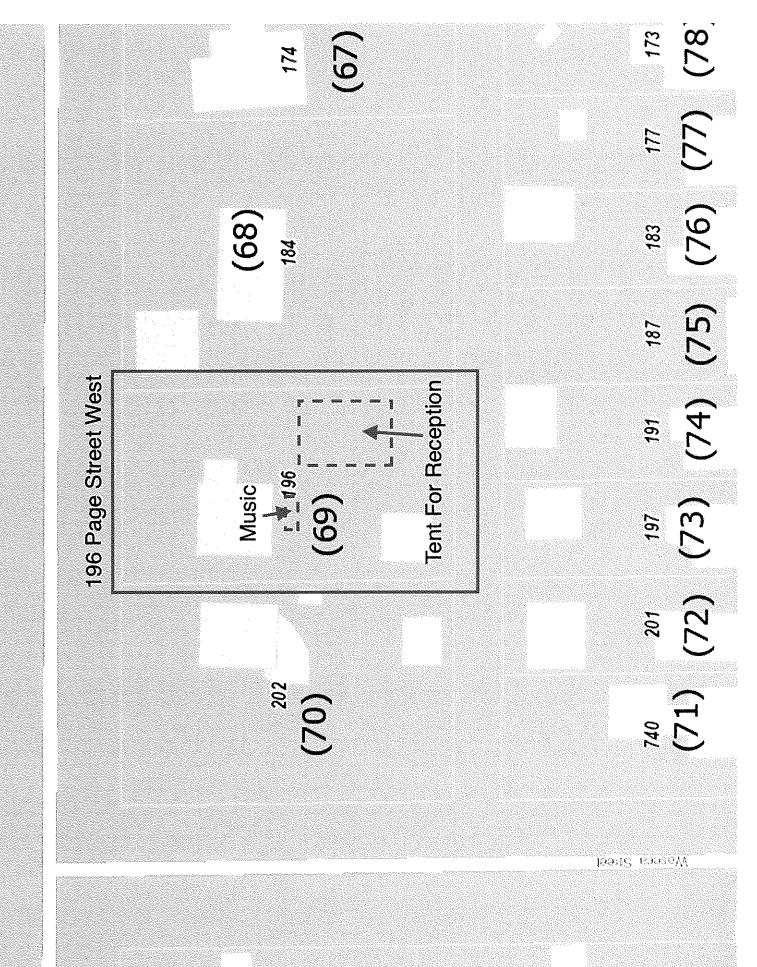
February 2020

## **Sound Level Variance Application**

Legislative Code Chapter 293. - Noise Regulations

Application and \$175 fee payment should be submitted a minimum of sixty (60) days prior to the scheduled event start date. A public notification period is required prior to scheduling the application's Public Hearing before the Saint Paul City Council. Applications received fewer than sixty (60) days prior to the event may not satisfy the ordinance's processing timelines for placement on the Council's agenda.

1.	Organization/person seeking variance: Mary Schrader				
2.	Event Name: Schrader/Stillwell Wedding and Reception				
<i>3</i> .	Address and physical description of noise source location (Event, Worksite):196 Page St. W., St. Paul MN 55107				
4.	Responsible person: Mary Schrader				
5.	Telephone: 651-788-1471 E-Mail: mas032@comcast.net				
6.	Date(s) variance requested: Friday October 30 and Saturday October 31, 2020				
7.	Noise source - Time(s) of operation: Saturday October 31, 3:00-11:00pm				
	- Time(s) of pre-event sound check: Friday October 30th, 3:00-10:00pm				
8.	Sound level requested (dBA/Decibels): 65 Spoke to the Applicaint - same times for booth days 3pm to 11				
9.	. Mailing address w/zip code: Mary Schrader 1547 Clemson Dr #B, Eagan MN 55122				
10.	. Briefly describe the noise source and equipment involved: laptop and speakers				
spe 12.	Describe the steps that will be taken to minimize the noise levels:  eakers will only be directed into yard, area of the gathering  State reason for seeking variance (example - music, announcements, construction, etc.):  provide this information to nieghbors				
13.	A <u>site diagram &amp; map</u> must be attached showing location of noise source(s), streets, stages, tents, etc. (If				
the	re will be amplified sound, indicate location and direction that all speakers will be facing).				
	Multiple locations may require more than one application.				
14.	14. Submit completed application, site diagram/map, and \$175.00 fee to:				
Sign	CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806  nature of responsible person:  Date: 07/29/2020				
AĂ-ADA-EEO Employer					





## **DSI RECEIPT**

CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street Suite 220
Saint Paul, Minnesola 55101-1806
Phone: (651) 266-8989 Fax: (651) 266-9124
www.stpaul.gov/dsi

Date: 08/11/2020

Received From: MARY SCHRADER

1547 CLEMSON DRIVE UNIT B EAGAN MN 55122

Description:

Invoice Details

**Invoice Amount** 

**Amount Paid** 

1089595

Noise Variance

\$175.00

\$175.00

**TOTAL AMOUNT PAID:** 

\$175.00

## Paid By:

Payment Type	Check#	Received Date	Amount
Check	17835	08/11/2020	\$175.00