

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

July 10

**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: ( QRNH9 GIVEN S				
2. Mailing Address with Zip Code: 845 Albertarie St St. Racel, MN 55117				
3. Responsible person: Quite Coivers				
4. Title or position: Home owner Mrs. Carrens				
5. Telephone: 651 274 - 90 79				
6. Briefly describe the noise source and equipment involved: Speakers, Amp Millyo				
Phones, Power Cords, Karoke machine!				
7. Address or legal description of noise source: <u>845 Albremarke St St. Paul</u>				
8. Noise source time of operation: 1200 - 200 55m - 12am				
9. Briefly describe the steps that will be taken to minimize the noise levels: Turning It down It will be inside a tent.				
10. Briefly state reason for seeking variance: The for Amy Aniversary Party				
11. Date(s) during which the variance is requested: August 15th 2013				
Signature of responsible person: well went Date: 6-10-13				
Deturns assembled at Assemble at Caronic and Caronic at				
Return completed Application and \$164.00 fee to:  CITY OF SAINT PAUL  S  ABA 43 Measured  - S  ABA 43 Measured				
CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS				
375 JACKSON STREET, SUITE 220				
SAINT PAUL, MN 55101-1806				
(651) 266-8989				
DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806 (651) 266-8989  NOTE: APPLICATION MUST BE RECEIVED NO FEV THAN 30 (THIRTY) DAYS PRIOR TO THE EVENT DAY				
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AA-ADA-BEO Employer				
from 10:00 for hit				
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## **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: 06/10/2013

Received From: CORNETTA GIVENS

845 ALBEMARLE ST ST PAUL MN 55117

Description:

Invoice Details

Invoice Amount

**Amount Paid** 

862856

Noise Variance

\$164.00

\$164.00

**TOTAL AMOUNT PAID:** 

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	MO	06/10/2013	\$164.00