

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

RECEIVED

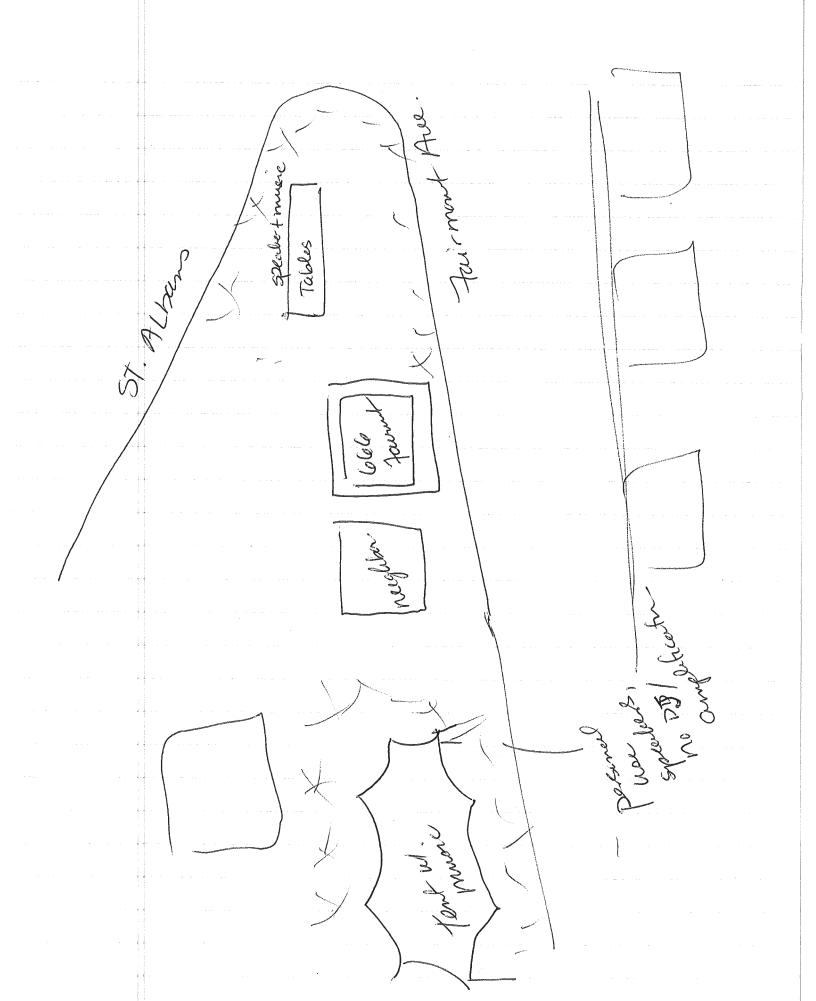
AUG 17 2016

Sound Level Variance Application

City of Saint Paul Noise Ordinance (Chapter 293)

By: City of St Paul DSI

Note: A public hearing before the Saint Paul City Council is required. Application is the state of the state	oplication and fee must be received no
fewer than forty five (45) days prior to the public hearing date that is be	
1. Organization/person seeking variance: Maureen M	Guire + 1/10 wew this
2. Mailing Address w/zip code: 666 fairmount Ane.	3) tail 110 33 103
3. Responsible person: Maureen M'GuireTitle:	Resident
4. Event Name: Nikki + Peter's Wedding	
5. Telephone: (612) 840. 3515 E-Mail: 12 ma	amcq@gmail.com
6. Date(s) during which the variance is requested: Sept 10.	,2016
7. Noise source - Time(s) of operation: 6:00 pm - 10:00 pm	7
- Time(s) of pre-event sound check: 5:00 200 - #	5.6.00 DW
8. Address or legal description of Noise source: 666 Fairmon	it Aue. St. Paul MN
\$ 5 103	4
9. Sound level requested: am biert music (8	5 duells)
10. Describe the noise source and all equipment involved: Speak	is to for Music various.
Event will be hosted in a fent. There	whe be tood/dinner.
and post dinner music.	marcin wall be to at
11. Describe the steps that will be taken to minimize the noise levels:	Oh Park man of mucic
at a level that people can still tal	a. But givere
only, no DI or Dancing.	two-tion otal
12. State reason for seeking variance: (E.g. music, announcements, cons	a music
want to alert neighbooks That Ther	e mue ise incise
until 10 pm.	ves tents etc. (If there will be amplified
13. Attach site diagram showing location of noise source(s), streets, stag	Using leasting may require more than one application.
sound, indicate location and direction that all speakers will be facing.) Mu	intiple locations may require more than one approximation
14. Return completed Application, Site Diagram, and \$169.00 fee to:	CITY OF SAINT PAUL
14. Netalli completed of plants and	DEPARTMENT OF SAFETY AND INSPECTIONS
	375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806
	SAINT PAUL, WIN SSIOI-1000
Signature of responsible person:	Date: 8/////6





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: 08/17/2016

Received From: MAUREEN MCGUIRE

666 FAIRMOUNT AVE ST PAUL MN 55105

Description:

Invoice Details

Invoice Amount

Amount Paid

966306

Noise Variance

\$169.00

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card		08/17/2016	\$169.00