



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
May 18

RECEIVED IN D.S.I.

APR 14 2011

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

- Organization or person seeking variance: Minnesota Children's Museum
- Mailing Address with Zip Code: 10 W. 7th St., St. Paul, MN 55116
- Responsible person: Denise Fasse
- Title or position: Vice President, Development
- Telephone: 651-225-6013
- Briefly describe the noise source and equipment involved: amplified presentation (auctioneer, award presentation, videos) and band with amplified guitar, drums, keyboard, voice(s)
- Address or legal description of noise source: Amplified program/presentation with video and dance band.
- Noise source time of operation: approximately 6pm - 10:30 pm
- Briefly describe the steps that will be taken to minimize the noise levels: Program and music will be inside a nearly fully enclosed tent. Musicians will be informed of need to maintain a reasonable decibel level.
- Briefly state reason for seeking variance: In order to accommodate the size and number of guests, we need to hold dinner and dancing under a tent.
- Date(s) during which the variance is requested: June 25, 2011

Signature of responsible person: Denise Fasse Date: 3/30/2011

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

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

45 @ tent
wall opposite
the stage or
music source



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: 04/19/2011

Received From: MINNESOTA CHILDREN'S MUSEUM
10 7TH ST W ST PAUL MN 55102

Description:

Invoice Details

740142

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	82024	04/19/2011	\$164.00