



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: 05/09/2016

Received From: KELLY O'SHAUGHNESSY
702 FAIRMOUNT AVE ST PAUL MN 55105

Description:

Invoice Details

958900

Noise Variance

Invoice Amount

\$169.00

Amount Paid

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	7928	05/09/2016	\$169.00



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

MAY 06 2016

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

Sound Level Variance Application

City of Saint Paul Noise Ordinance (Chapter 293)

Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.

1. Organization/person seeking variance: Kelly O'Shaughnessy
2. Mailing Address w/zip code: 702 Fairmount Ave St Paul MN 55105
3. Responsible person: Kelly O'Shaughnessy Title: _____
4. Event Name: Birthday Party
5. Telephone: (651) 592-4480 E-Mail: June 25 2016 kellyjeana@gmail.com
6. Date(s) during which the variance is requested: June 25 2016
7. Noise source - Time(s) of operation: 6:00 pm until 11 pm
- Time(s) of pre-event sound check: 6:00 pm
8. Address or legal description of Noise source: MUSIC D.J.
9. Sound level requested: will not exceed 45 dBA 50 ft from sound source
10. Describe the noise source and all equipment involved: speakers
11. Describe the steps that will be taken to minimize the noise levels: speakers will be playing for a limited time and will be facing the alley
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)
birthday party
13. Attach site diagram showing location of noise source(s), streets, stages, tents, etc. (If there will be amplified sound, indicate location and direction that all speakers will be facing.) Multiple locations may require more than one application.

14. Return completed Application, Site Diagram, and \$169.00 fee to:

CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806

Signature of responsible person: _____

Date: 5-5-2016

