

RECEIVED IN D.S.I.

APR 30 2018



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

Sound Level Variance Application

City of Saint Paul Noise Ordinance (Chapter 293)

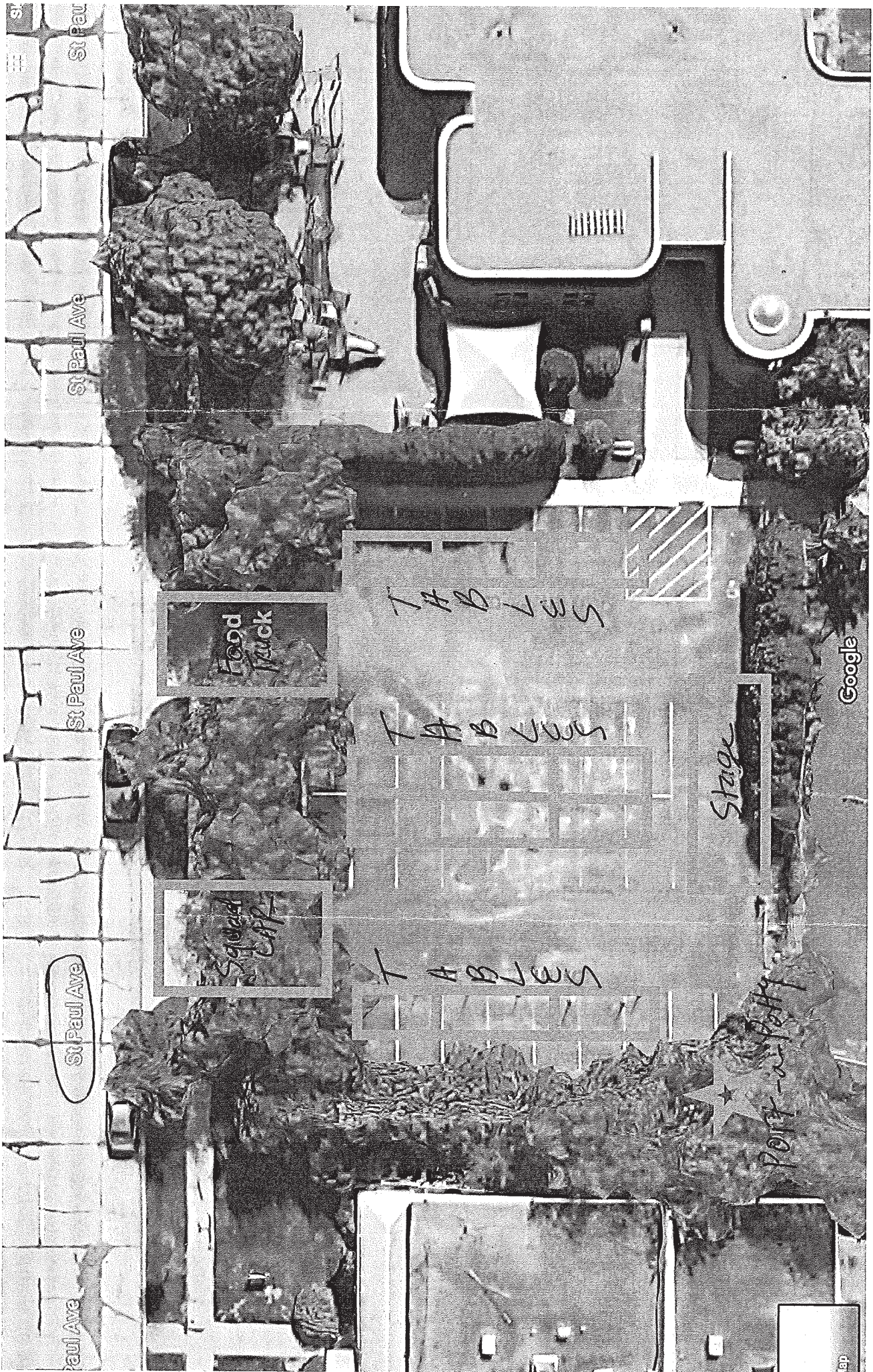
Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.

1. Organization/person seeking variance: ST. PAUL JCC Jewish Community
2. Mailing Address w/zip code: 1375 St. Paul Av 55116 Center of the Creator St. Paul, MN
3. Responsible person: Barbie Levine Title: Director of Adult Services and Programs
4. Event Name: Mini Farmers/Art Market
5. Telephone: 651-255-4734 E-Mail: blevine@stpauljcc.org
6. Date(s) during which the variance is requested: Sun July 15
7. Noise source - Time(s) of operation: 11:00^{am} - 12:00 (1 hour)
- Time(s) of pre-event sound check: 10:30 am
8. Address or legal description of Noise source: 1375 St. Paul Av. 55116
9. Sound level requested: 115-120 Decibels
10. Briefly describe the noise source and equipment involved: Sound system/microphones
10 individual singing
11. Describe the steps that will be taken to minimize the noise levels: Limited time they will be performing
12. State reason for seeking variance (E.g. music, announcements, construction, etc.): MUSIC

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 \$172.00 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: Barbie Levine Date: 4/26/8



St Paul

St Paul Ave

St Paul Ave

St Paul Ave

Paul Ave

Food Truck

Squid Cafe

TAB VES

TAB VES

TAB VES

Stage

Port-a-Potty

Google

Map



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: 05/07/2018

Received From: JEWISH COMMUNITY CENTER OF ST PAUL dba: JEWISH COMMUNITY CENTER
1375 ST PAUL AVE ST PAUL MN 55116-2828

Description:

Invoice Details

Invoice Amount

Amount Paid

1023450

Noise Variance

\$172.00

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

| Payment Type | Check # | Received Date | Amount |
|--------------|---------|---------------|----------|
| Check | 123770 | 05/07/2018 | \$172.00 |