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DEPARTMENT OF SAFETY AND INSPECTIONS Ricardo X. Cervantes, Director



CITY OF SAINT PAUL Christopher B. Coleman, Mayor JUL 1 8 2016

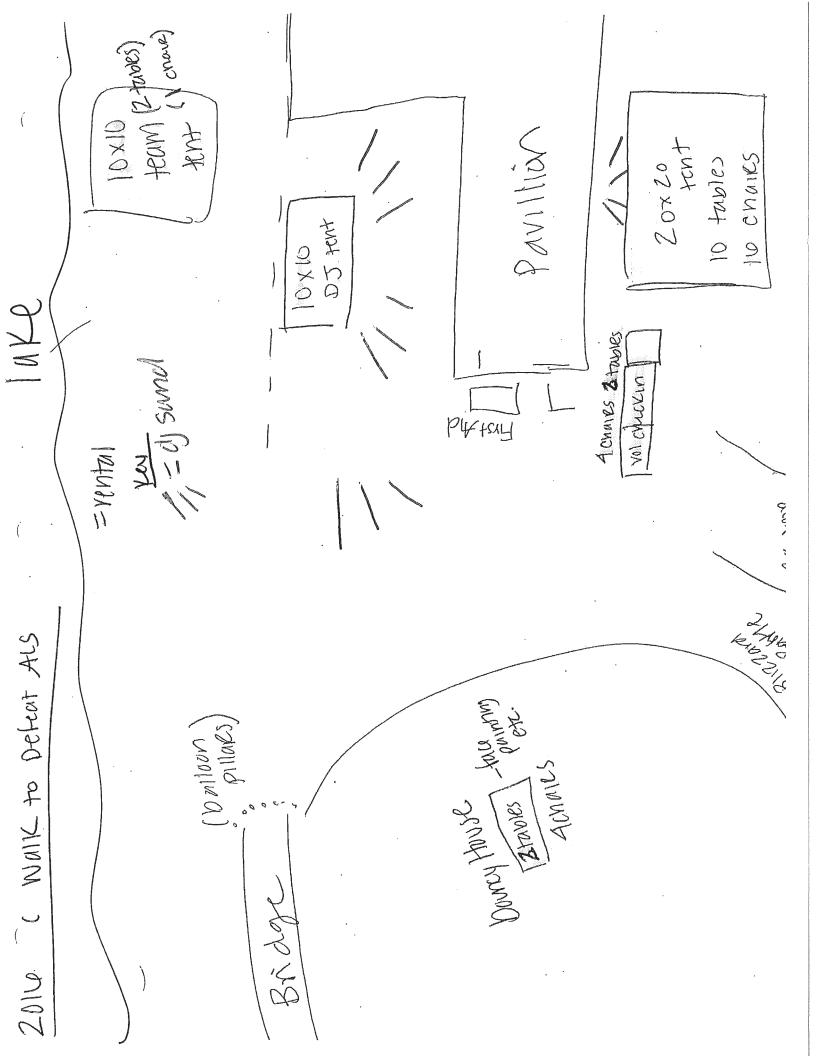
375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

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.

icaver situationary made (12)	
1. Organization/person seeking variance: ALS ASSOCIATION	MNINDISD CHAPER
2. Mailing Address w/zip code: 333 Washington Ave S. Svite 10	5 MPLS, MN 55961
3. Responsible person: UESSICA JESSWEIN Title:	Corpunt Relations MgR
4. Event Name: Twin Cities Walk to Defeat ALS	
5. Telephone: (U12) 672.0484 E-Mail: Jessica @ alsi	mn. org
6. Date(s) during which the variance is requested: Sept 17, 2016	V
7. Noise source - Time(s) of operation: 80m - noon	
- Time(s) of pre-event sound check: 8am - We d	10 It when event begins
8. Address or legal description of Noise source: di near lare p	malen park parilian
1600 phalen ar. St. Paul, MN 55106	
a Sound level requested - AMOUNTED	
10. Describe the noise source and all equipment involved: 2-3 special	axers, di and music
-speakirs arma 9:45-10 am	
Open print on the first of the	
11. Describe the steps that will be taken to minimize the noise levels:	We assure speakers face
mward (not across the large)	
THE VOIL OF THE STATE OF THE ST	
12. State reason for seeking variance: (E.g. music, announcements, cons	struction, etc.)
MVSI + EVENT annmument	
VIIVSIC CIVIII CITILITIES	
13. Attach site diagram showing location of noise source(s), streets, sta	ges, tents, etc, (If there will be amplified
sound, indicate location and direction that all speakers will be facing.) M	ultiple locations may require more than one application.
sound, malcate location and allection that an speakers will be jackingly in	,
14. Return completed Application, Site Diagram, and \$169.00 fee to:	CITY OF SAINT PAUL
	DEPARTMENT OF SAFETY AND INSPECTIONS
Λ Λ	375 JACKSON STREET, SUITE 220 SAINT PAUL, MIN 55101-1806
1 4	
Signature of responsible person:	Date:_07/11/2016







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: 07/19/2016

Received From: THE ALS ASSOCIATION MN ND SD CHAPTER

333 WASHINGTON AVE N STE 105 MINNEAPOLIS MN 55401

Description:

Invoice Details

Invoice Amount

Amount Paid

964212

Noise Variance

\$169.00

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	18875	07/19/2016	\$169.00