DEPARTMENT OF SAFETY AND INSPECTIONS Ricardo X. Cervanies, Director



CITY OF SAINT PAUL Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 65]-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

142/13

Application for Sound Level Variance

City of Saint Paul Noise Ordinance Chapter 293 of the Saint Paul Legislative Code

1. Organization or person seeking variance:	Ussell Klein	Λ
2. Mailing Address with Zip Code: 4/0 St	Perfer St. Si	1. Parl 55702
3. Responsible person: Fussell Klein		
4. Title or position: Owner		
5. Telephone: 65/-492-3933		
6. Briefly describe the noise source and equipm	ent involved: <u>////</u>	Music
	cor position: Dimet of one: 6SF 492-3935 fly describe the noise source and equipment involved: Live Music Tress or legal description of noise source: 40 SI, Refer SI, se source time of operation: 12-8 fly describe the steps that will be taken to minimize the noise levels: We do not flam to the volume too lows defly state reason for seeking variance: 30 SI VO SC Sake te(s) during which the variance is requested: 00 lows Date: 9/2/3 Date: 9/2/3 CTIONS Shall not Exceed 85 dbA as measured	
7. Address or legal description of noise source:	410 St. Pep	r 5t,
8. Noise source time of operation: /2-8		
9. Briefly describe the steps that will be taken to	o minimize the noise	levels: We do not flan to
have the volume too land		
10. Briefly state reason for seeking variance:	20st 4056 Salt	L
11 Details design which the second consequent	100 Vol 1	17 70/3
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Signature of responsible person:		Date: 9//2/13
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c OCT 1), 2013	·	Shall not
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-2013	A ADA EEO E COLO	sound source
	A-ADA-EEO Employer	40000



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: 09/12/2013

Received From: MERITAGE

410 ST PETER ST ST PAUL MN 55102

Description:

Invoice Details

Invoice Amount

Amount Paid

870397

Noise Variance

\$164.00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card		09/12/2013	\$164.00