



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)

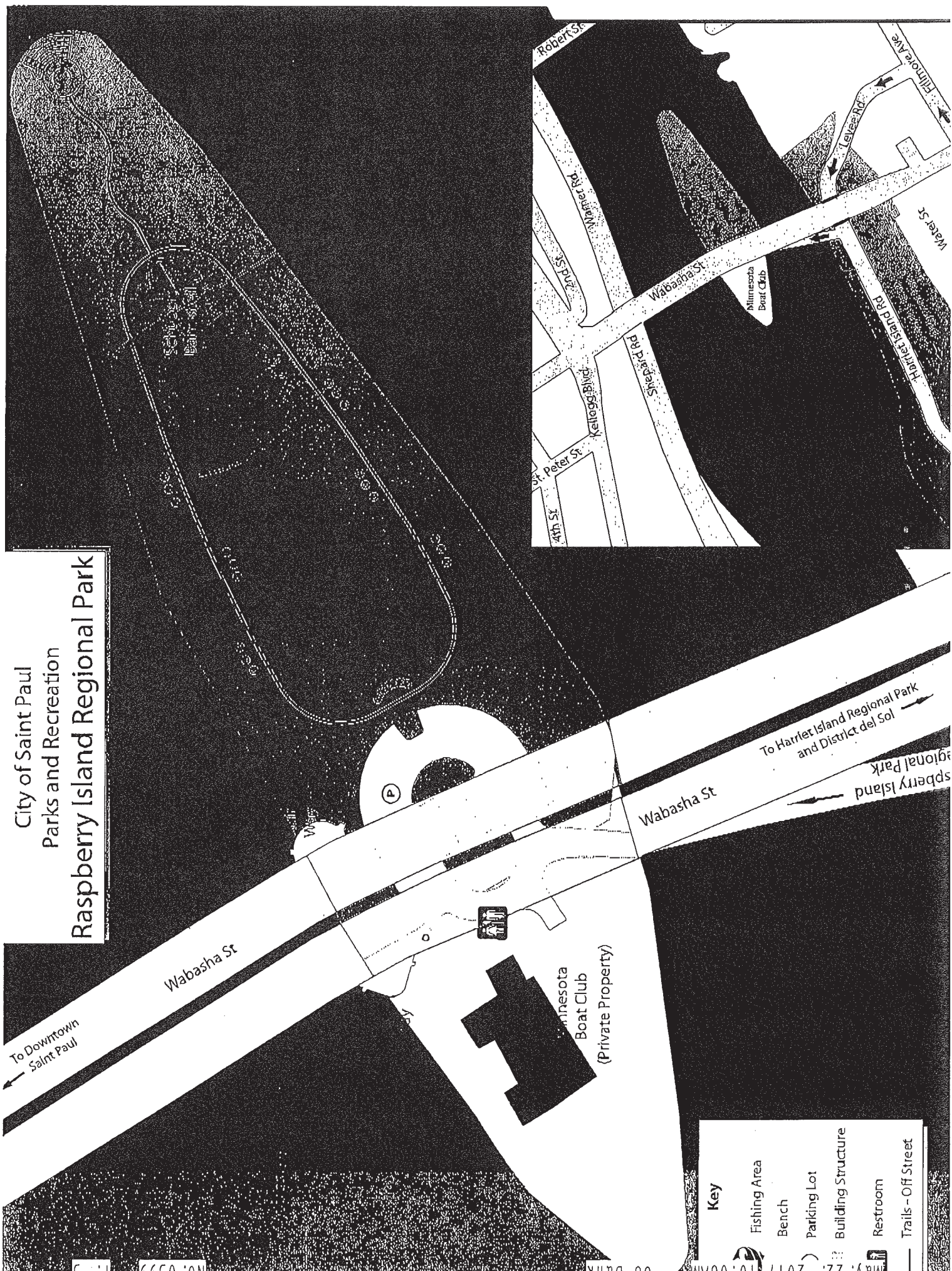
Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.

- 1. Organization/person seeking variance: Shakey Bones
- 2. Mailing Address w/zip code: 894 Bidwell Street West St. Paul MN 55118
- 3. Responsible person: Mary Haney Title: N/A
- 4. Event Name: Shakey Bones Customer Appreciation
- 5. Telephone: 651-491-0366 E-Mail: - mahane&1@gmail.com -
- 6. Date(s) during which the variance is requested: 7-8-17
- 7. Noise source - Time(s) of operation: 11AM - 4PM
- Time(s) of pre-event sound check: N/A
- 8. Address or legal description of Noise source: Raspberry Island 2 Wabasha St. Saint Paul, mn 55107
- 9. Sound level requested: 90 decibels
- 10. Briefly describe the noise source and equipment involved: DT Equipment
- 11. Describe the steps that will be taken to minimize the noise levels: Keeping volume at 90 decibels or less.
- 12. State reason for seeking variance (E.g. music, announcements, construction, etc.): music being played by DT
- 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: [Signature] Date: 5.22.17

City of Saint Paul
Parks and Recreation
Raspberry Island Regional Park



Key

	Fishing Area
	Bench
	Parking Lot
	Building Structure
	Restroom
	Trails - Off Street



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: 05/25/2017

Received From: MARY A HANE dba: SHAKEY BONES
894 BIDWELL ST WEST ST PAUL MN 55118

Description:

Invoice Details

992663
Noise Variance

Invoice Amount

\$172.00

Amount Paid

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	MC 4089	05/25/2017	\$172.00

DSI
375 JACKSON ST
STE 220
SAINT PAUL, MN. 55101-1806
651-266-9111

Phone Order

xxxxxxxxxxxx4089
MASTERCARD

Entry Method: Manual

Amount: \$ 172.00

Tax: \$ 0.00

Total: \$ 172.00

05/25/17

12:40:52

Inv #: 000000005

Appr Code: 045655

Apprvd: OnLine

AVS Code:

CVV2 Code: MATCH M

Customer Copy

THANK YOU!