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4/12/18 Pd W/OK# 237203

APR 1 1 2018

DEPARTMENT OF SAFETY AND INSPECTIONS Ricardo X. Cervantes, *Director*

Z



CITY OF SAINT PAUL Christopher B. Coleman, Mayor

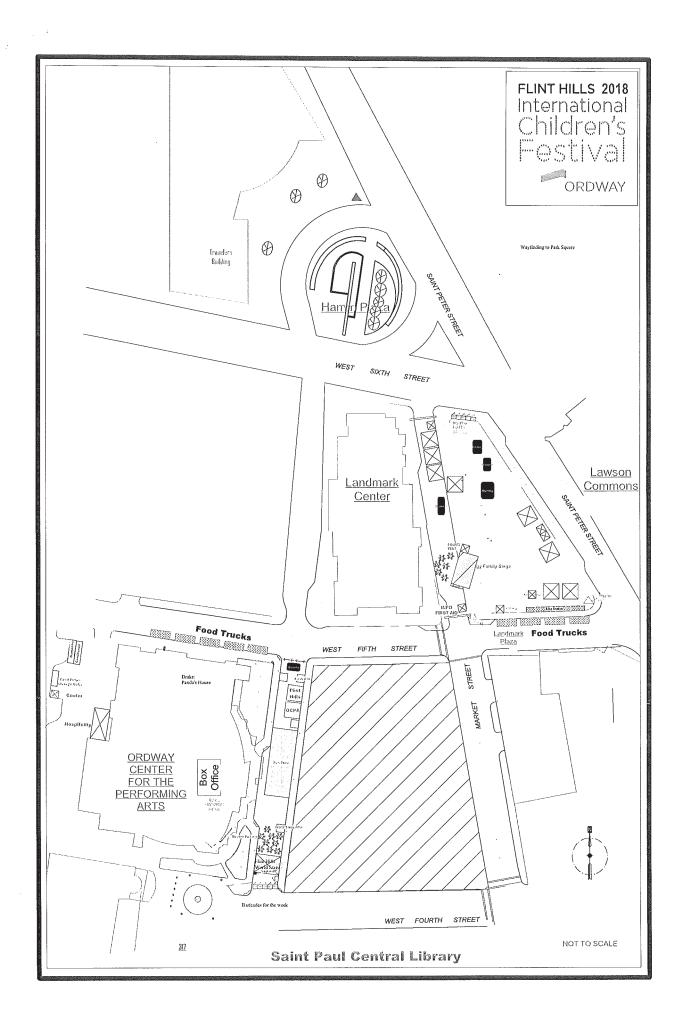
375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

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: Flint Hills Family	Festival - Ordway Conter
2. Mailing Address w/zip code: 345 Washing ton Shee	4 St. Have MN 55/02
3. Responsible person: Julia Prickson Title:	Associate Production Manager
a Front Nama: That Hills For it Factoral	
5. Telephone: (6) - 787 · 2179 E-Mail: '10	nikon orraway.ors
5. Telephone: 65-787-3039 E-Mail: je 6. Date(s) during which the variance is requested: May 29 - J 7. Noise source - Time(s) of operation: 128 - Friday G30 x 3	ine 2, 2018
7. Noise source - Time(s) of operation: The - Friday G. Sor	20m Fri John-9pm Set 10cm-8'30
- Time(s) of pre-event sound check: ຝ່າວວ	
8. Address or legal description of Noise source: Unshingtons	read of 47 & Washington
Landmark Plaza	
9. Sound level requested: 90-110 DAB	
.O. Briefly describe the noise source and equipment involved:	a vers a monitors on the stones
	<u> </u>
11. Describe the steps that will be taken to minimize the noise level. monitar with decibal metar 12. State reason for seeking variance (E.g. music, announcements, and the music)	<u> </u>
13. Attach site diagram showing location of noise source(s), streets sound, indicate location and direction that all speakers will be facing	stages, tents, etc. (If there will be amplified
14. Return completed Application, Site Diagram, and \$172.00 fee to	c: CITY OF SAINT PAUL
14. Return completed Application, site Diagram, and \$1.2.2.2.	DEPARTMENT OF SAFETY AND INSPECTIONS
	375 JACKSON STREET, SUITE 220
	SAINT PAUL, MN 55101-1806
Simply of managible parsons X 1016 MUSA	Date: 4/2/18
Signature of responsible person:	





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: 04/12/2018

Received From: ORDWAY CENTER FOR THE PERFORMING ARTS

345 WASHINGTON ST ST PAUL MN 55102

Description:

Invoice Details

Invoice Amount

Amount Paid

1021542

Noise Variance

\$172.00

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	237203	04/12/2018	\$172.00