

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 of the Saint Paul Legislative Code

Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than thirty (30) days prior to the public hearing date that is nearest the variance start date. <u>Public hearings are only held on the first and third Wednesday of each month.</u> Variance start dates must be after the public hearing date.

nearing date.
1. Organization/person seeking variance: Sant Paul When Cannol
2. Mailing Address w/zip code: 75W. 5th Street, Suite 429, St. Paul, 55102
3. Responsible person: Rosane Bum
4. Title or position: CEO/ Executive Director
5. Telephone: (651) 223-7401 E-Mail: phump@SpHf. 008
6. Briefly describe the noise source and equipment involved: Rodro Stortion and Amonie
for Stort/End of Securion Winter Run
7. Address or legal description of noise source: 400 Robert St N.
8. Noise source time of operation: 8:30 Acm, At Jackson & 6th, 9-1/Am Jackson ad Shypore
8. Noise source time of operation: 8:30 Acm, At Juckson & 6th, 9-1/Am Juckson and Shypore 9. Date(s) during which the variance is requested: SAT, JAN 25, 245 Noon & JACKSON & 6th.
10. Describe the steps that will be taken to minimize the noise levels! Low level Sound System.
monter Sound from 50'
11. Briefly state reason for seeking variance: Civic Event, Runking race for Whole Cornhal, Securion
12. <u>Attach site diagram</u> 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.
13. Return completed Application and \$164.00 fee to:
CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806
(651) 266-8989
Signature of responsible person: Date:

AA-ADA-EEO Employer



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: 11/20/2014

Received From: ST PAUL WINTER CARNIVAL

75 5TH ST STE 429 ST PAUL MN 55101

Description:

Invoice Details

Invoice Amount

Amount Paid

914483

Noise Variance

\$164.00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card		11/20/2014	\$164.00