

CITY OF SAINT PAULIAN 04 2016

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/dst

## **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: Buy 5 - A	10e° 5
2. Mailing Address w/zip code: 253 い TTL らた	
3. Responsible person: Moe Shay Sham, Title:	- owner
4. Event Name: st. Patrick's Day 12,	. 17
	Soutowner WordFire . Com.
6. Date(s) during which the variance is requested: Munch	
7. Noise source - Time(s) of operation: From RP, M	to 11 PM Back day
- Time(s) of pre-event sound check:	Each days.
8. Address or legal description of Noise source: 240 w	1.7Th 5+
9. Sound level requested:	
<b>10.</b> Describe the noise source and all equipment involved: ₿∞.	_d .
	Fiside It tent.
11. Describe the steps that will be taken to minimize the noise levels:  with Minimized Base.	Frisiac In Pen
WITT MITTER DATE	
12. State reason for seeking variance: (E.g. music, announcements, cons	struction, etc.)
Crush I ce and St. Patrice	Ks day Tent Part
13. Attach site diagram showing location of noise source(s), streets, stage	ges, tents, etc. (If there will be amplified
sound, indicate location and direction that all speakers will be facing.) M	• •
14. Detum considered Application St. Div.	
14. Return completed Application, Site Diagram, and \$164.00 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:	Date: 1/4//6

717:e8e3

138:oT

EEB-03-S010 00:48 ELOW:



## **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: 01/04/2016

Received From: BURGER MOE'S INC

242 7TH ST W ST PAUL MN 55102

Description:

Invoice Details

Invoice Amount

**Amount Paid** 

949691

Noise Variance

\$164.00

\$164.00

**TOTAL AMOUNT PAID:** 

\$164.00

Paid By:

Payment Type	Check#	Received Date	Amount
Check	9978	01/04/2016	\$164.00