

RECEIVED IN D.S.I.

JUN 24 2014

DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, Director



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

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: Tawfiq Islamic Center
2. Mailing Address with Zip Code: 2400 Minnehaha Avenue, Minneapolis MN 55404
3. Responsible person: Oumer M Wako
4. Title or position: Executive Director
5. Telephone: 612-588-1160
6. Briefly describe the noise source and equipment involved: Sound system
7. Address or legal description of noise source: 270 Lexington Pkwy N, St Paul, MN 55104
8. Noise source time of operation: 7:00am to 10:30am
9. Briefly describe the steps that will be taken to minimize the noise levels: Face the speakers towards the field and turn down the volume.
10. Briefly state reason for seeking variance: Muslim annual Eids festivals
11. Date(s) during which the variance is requested: July 28th or 29th, and October 5th or 6th

Signature of responsible person: Oumer M Wako Date: 06/18/14

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

Office Use Only	
Date Rec'd.	_____
Reviewed	_____
Date Public Notice Sent	_____
Referred to Council	_____

NOTE: APPLICATION MUST BE RECEIVED NO FEWER THAN 30 (THIRTY) DAYS PRIOR TO THE EVENT DATE

5/2010



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: 06/26/2014

Received From: TAWFIQ ISLAMIC CENTER
2900 LYNDALE AVE N MINNEAPOLIS MN 55411

Description:

Invoice Details	Invoice Amount	Amount Paid
897920 Noise Variance	\$164.00	\$164.00
TOTAL AMOUNT PAID:		\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	6620	06/26/2014	\$164.00