



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

Public Hearing
April 20th

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: OROWAY CENTER FOR THE PERFORMING ARTS
2. Mailing Address with Zip Code: 345 WASHINGTON STREET
3. Responsible person: RANDY INGRAM
4. Title or position: PRODUCTION DIRECTOR
5. Telephone: 651.282.3041
6. Briefly describe the noise source and equipment involved: 6 L-ACOUSTICS dV-DOSC SPEAKERS;
4-L-ACOUSTICS d-SUB HIGH OUTPUT SUBWOOFERS; DANCE BANDS
7. Address or legal description of noise source: MARKET STREET BETWEEN W. 5TH STREET
AND W. 6TH STREET IN LANDMARK PLAZA
8. Noise source time of operation: 5:30 PM - 10:00 PM
9. Briefly describe the steps that will be taken to minimize the noise levels: MUSIC IS FOR DANCING;
ORDWAY MANAGEMENT WILL BE ON SITE TO MONITOR LEVEL.
10. Briefly state reason for seeking variance: SOME BAND NOISE MIGHT CARRY
11. Date(s) during which the variance is requested: JUNE 16, 23, 30; JULY 7, 14, 21, 28; AUGUST 4, 11; 2011

Signature of responsible person: Randy L Ingram Date: 3/15/10

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

**NOTE: APPLICATION MUST BE RECEIVED NO FEW
THAN 30 (THIRTY) DAYS PRIOR TO THE EVENT DA**

WACHOVIA

85 dBA @ 50 feet

School: 800-347-7667 • Borrower: 800-338-2243
Wachovia.com/education



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: 03/23/2011

Received From: ORDWAY CENTER FOR THE PERFORMING ARTS
345 WASHINGTON ST ST PAUL MN 55102

Description:

Invoice Details	Invoice Amount	Amount Paid
735943		
Noise Variance	\$164.00	\$164.00
TOTAL AMOUNT PAID:		\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	211375	03/23/2011	\$164.00