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Signature of responsible person:

CITY OF SAINT PAUL

Business Licensing 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-2668989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

January 2019

1,

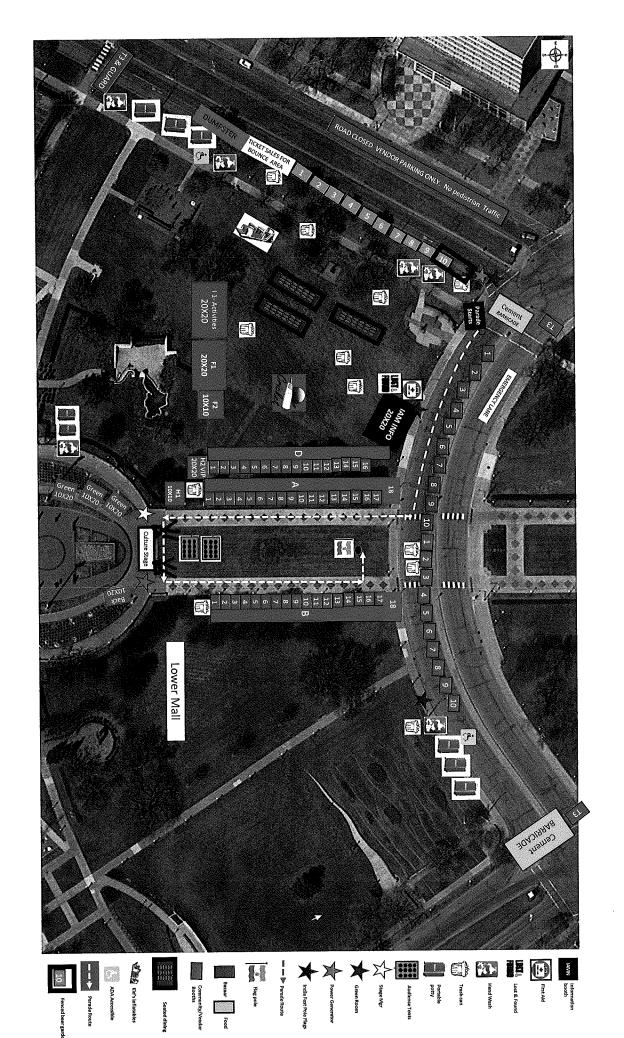
Sound Level Variance Application

Legislative Code Chapter 293. - Noise Regulations

eve bef sati	lication and \$172 fee payment should be submitted a minimum of sixty (60) days prior to the scheduled nt start date. A public notification period is required prior to scheduling the application's Public Hearing ore the Saint Paul City Council. Applications received fewer than sixty (60) days prior to the event may not sfy the ordinance's processing timelines for placement on the Council's agenda.				
4	Organization/person seeking variance: India ASSOCIATION Of MINNESOLG				
1.	Event Name: INdocs Fest				
2.	Address and physical description of noise source location (Event, Worksite):				
3.	State Cop) tol				
	hesponsible person.				
	relephone.				
	Date(s) variance requested: 8/14/19				
7.	Noise source - Time(s) of operation: $)$ $)$ $)$ $)$ $)$ $)$ $)$ $)$ $)$ $)$				
	Time(o) o) pro overre				
	Sound level requested (dBA/Decibels): 900 & 60 feet				
	Walling dadress W/21p code: 19750x 6/16 A S/1 1916/				
10.	Briefly describe the noise source and equipment involved:				

11.	Describe the steps that will be taken to minimize the noise levels:				
12.	State reason for seeking variance (example - music, announcements, construction, etc.):				
the	A <u>site diagram & map</u> must be attached showing location of noise source(s), streets, stages, tents, etc. (If we will be amplified sound, indicate location and direction that all speakers will be facing). Multiple locations may require more than one application. Submit completed application, site diagram/map, and \$172.00 fee to: CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806				

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: 04/05/2019

Received From: INDIA ASSOCIATION OF MINNESOTA

PO BOX 8162 ST PAUL MN 55108

Description:

Invoice Details

Invoice Amount

Amount Paid

1052025

Noise Variance

\$172.00

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	2103	04/05/2019	\$172.00