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CITY OF SAINT PAUL Christopher B. Coleman, Mayor

FEB 1 6 2016

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)

<u>Note:</u> 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.

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1. Organization/person seeking variance: TWIN CITIES,	TGZZ FESTNUL
2. Mailing Address w/zip code: 314 F 47 St #13	30 St Paul 55101
3. Responsible person: Steve Heckler Title	Executive Director
4. Event Name: TWIN CITIES JUZZ FESTIVAL	7
5. Telephone: 6/2122308 E-Mail: hsshifs 6	MSN. Com
6. Date(s) during which the variance is requested: JUNE 22	23, 24, 25
7. Noise source - Time(s) of operation from 10 DM	, ,
- Time(s) of pre-event sound check: よいで えりゃ	12 NOON
8. Address or legal description of Noise source: Mears Dan	K, Lowertown
9. Sound level requested: 92 Db of 100 f7	
10. Describe the noise source and all equipment involved: PA , A	Amps. Set up and
11. Describe the steps that will be taken to minimize the noise levels:	Line Acres system
12. State reason for seeking variance: (E.g. music, announcements, con	struction, etc.)
tore Feshal	
13. Attach site diagram showing location of noise source(s), streets, sta	ges, tents, etc. (If there will be amplified
sound, indicate location and direction that all speakers will be facing.) M	
14. Return completed Application, Site Diagram, and \$169.00 fee to:	CITY OF SAINT PAUL
Signature of responsible person:	DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806 Date:
SIETIGENIE DI LESDONSIDIE DELSONI.	Date: V' '///

February 3, 2015



DSI RECEIPT

CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street Suite 220
Saint Paul, Minnesola 55101-1806
Phone: (651) 266-8989 Fax: (651) 266-9124
www.stpaul.gov/dsi

Date: 02/25/2016

Received From: TWIN CITIES JAZZ FESTIVAL

214 4TH ST E STE 130 ST PAUL MN 55101

Description:

Invoice Details

Invoice Amount

Amount Paid

953214

Noise Variance

\$169.00

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	8300	02/25/2016	\$169.00

