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: _Family Tree Clinic_
2. Mailing Address with Zip Code: _1619 Dayton Ave. St. Paul, MN 55104_
3. Responsible person: _Caitlin Laflash_
4. Title or position: _Event Coordinator_
5. Telephone: _608. 332. 7714_
6. Briefly describe the noise source and equipment involved: _Featured Speakers and short Sets of Musical performances amplified through a PA._
7. Address or legal description of noise source: _Parking lot of building at 1619 Dayton Ave._
8. Noise source time of operation: _2-7 pm_
9. Briefly describe the steps that will be taken to minimize the noise levels: _Professional Sound engineers running sound levels and equipment, acoustic barriers and softeners placed._
10. Briefly state reason for seeking variance: _Event requires amplified sound for practical and entertainment purposes._
11. Date(s) during which the variance is requested: _August 20, 2011_

Signature of responsible person: _[signature]_   Date: _7/7/11_

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

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

5/2010

DSI RECEIPT

Date: 07/25/2011

Received From: FAMILY TREE CLINIC
                 1619 DAYTON AVE ST PAUL MN 55104

Description:

Invoice Details	Invoice Amount	Amount Paid
752019		
Noise Variance	$164.00	$164.00

TOTAL AMOUNT PAID: **$164.00**

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card		07/25/2011	$164.00