



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

Public Hearing
June 9

1. Organization or person seeking variance: Lao Family Community Center, MN
2. Mailing Address with Zip Code: 320 University Ave. W, St. Paul, MN 55103
3. Responsible person: Amee Xiong
4. Title or position: Interim Executive Director
5. Telephone: 651-216-5790
6. Briefly describe the noise source and equipment involved: There will be music, loud speakers, some speeches and performances.
7. Address or legal description of noise source: McMurray Field at Como Park
8. Noise source time of operation: Sat 11:00 am to 8:00 pm Sun 10:00 am to 8:00 pm
9. Briefly describe the steps that will be taken to minimize the noise levels: A conversation with the disruptor then if they violate again, we will charge a fee or discontinue their participation.
10. Briefly state reason for seeking variance: This event is a community gathering and there will be some speeches on mics.
11. Date(s) during which the variance is requested: June 30, 2012 to July 1, 2012

Signature of responsible person: Amee Xiong 4/12/2012

Return complete
CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET
SAINT PAUL, MN 55101-1806
(651) 266-8989

Conditions - 85 dBA @ 50 feet from music stage
- 75 dBA ~~at the~~ from the merchandise area & soccer field speakers as measured at the nearest residential receiver

_____ e Only

_____ nt _____

NOTE: APPLICATION MUST BE FILED WITHIN 30 DAYS (THIRTY)



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: 04/27/2012

Received From: LAO FAMILY COMMUNITY dba: LAO FAMILY COMMUNITY OF MN INC
320 UNIVERSITY AVE W ST PAUL MN 55103-2015

Description:

Invoice Details	Invoice Amount	Amount Paid
809187		
Noise Variance	\$164.00	\$164.00
TOTAL AMOUNT PAID:		\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	5027	04/27/2012	\$164.00