

DSI RECEIPT

CITY OF SAINT PAUL

Department of Safety and Inspections 375 Jackson Street Suite 220 Saint Paul, Minnesofa 55101-1806 Phone: (651) 266-9899 Fax: (651) 266-9124 www.stpaul.gov/dsi

Date: 02/22/2019

Received From: TWIN CITIES JAZZ FESTIVAL

214 4TH ST E STE 130 ST PAUL MN 55101

Description:

Invoice Details

Invoice Amount

Amount Paid

1048886

Noise Variance

\$172.00

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

raid by.			
Payment Type	Check #	Received Date	Amount
Check	9351	02/22/2019	\$172.00



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

Sound Level Variance Application

Legislative Code Chapter 293. - Noise Regulations

Application and \$172 fee payment should be submitted a minimum of sixty (60) days prior to the scheduled event start date. A public notification period is required prior to scheduling the application's Public Hearing before the Saint Paul City Council. Applications received fewer than sixty (60) days prior to the event may not satisfy the ordinance's processing timelines for placement on the Council's agenda.

Steve Heckler
1. Organization/person seeking variance
2. Event Name: TWIN CITIES JUZZ FESTING 3. Event Name: TWIN CITIES JUZZ FESTING 3. Event Name: TWIN CITIES JUZZ FESTING 3. Event Name: TWIN CITIES JUZZ FESTING 4. Event Name: TWIN CITIES JUZZ FESTING 4. Event Name: TWIN CITIES JUZZ FESTING 5. Event Name: TWIN CITIES JUZZ FESTING 6. Event Name: TWIN CITIES JUZZ FESTING 6. Event Name: TWIN CITIES JUZZ FESTING 7. Event Name: TWIN CITIES JUZZ FESTING 7. Event Name: TWIN CITIES JUZZ FESTING 8. Event Name: TWIN CITIE
3. Address and physical description of noise source location (22-13)
Jazz Festind. DA, Amps on Hage
4. Responsible person: Store Heavier Title: Treate Director
5. Telephone: 612 227-3108 E-Mail: hsrhits (1 MSN. com
6. Date(s) variance requested: $6/19 + 36/22 + 2019$
7. Noise source - Time(s) of operation: Non to 10 pm
- Time(s) of pre-event sound check: 10 AM
8. Sound level requested (dBA/Decibels): 9 100 feet
9. Mailing address w/zip code: 214 E 4t St \$130 St Par) 55101
10. Briefly describe the noise source and equipment involved:
11. Describe the steps that will be taken to minimize the noise levels: do Netes. Line Array System
12. State reason for seeking variance (example - music, announcements, construction, etc.):
13. A <u>site diagram & map</u> must be attached showing location of noise source(s), streets, stages, tents, etc. (If
there will be amplified sound, indicate location and direction that all speakers will be facing).
Multiple locations may require more than one application.
14. Submit completed application, site diagram/map, and \$172.00 fee to:
14. Submit completed application, site diagram, map, and 42-22-3
CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806
Signature of responsible person: Date: 2 11/2019
AA-ADA-EEO Employer January 2019





