



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

Sept 19
Public Hearing

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: Zombie Productions LLC / Zombie PubCrawl
2. Mailing Address with Zip Code: 2322 3rd St NE Minneapolis MN 55418
3. Responsible person: Chuck Terhark
4. Title or position: Co-owner
5. Telephone: 612-423-4366
6. Briefly describe the noise source and equipment involved: Live bands will perform throughout the day on a stage with amplifiers, speakers, etc.
7. Address or legal description of noise source: Midway Stadium
1771 Energy Park Dr. 55108
8. Noise source time of operation: 2pm - 10pm
9. Briefly describe the steps that will be taken to minimize the noise levels: Noise levels will be monitored and relay towers will be used as necessary.
10. Briefly state reason for seeking variance: Live music will be the primary reason for people attending our event.
11. Date(s) during which the variance is requested: 10/13/2012

Signature of responsible person: Charles Terhark Date: 08/20/12

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

Office Use Only	
Date Rec'd.	_____
Reviewed	_____
Date Public Notice Sent	_____
Referred to Council	_____

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



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: 08/23/2012

Received From: CHUCK dba: ZOMBIE PRODUCTIONS LLC
2305 MARSHALL ST NE MPLS MN 55418

Description:

Invoice Details

832263

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	11674	08/23/2012	\$164.00