DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, Director

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.

1. *Organization/person seeking variance:* Friends of Rebecca Noecker
2. *Event Name:* The Great Ward 2 BBQ
3. *Address and physical description of noise source location (Event, Worksite):* Parque Castillo (149 Cesar Chavez St.)
4. *Responsible person:* ~~Megan Stat~~ Rebecca Noecker *Title:* ~~Campaign Manager~~ Candidate
5. *Telephone:* 651-500-1059 *E-Mail:* rebeccanoecker@gmail.com
6. *Date(s) variance requested:* 8/4/19
7. *Noise source - Time(s) of operation:* 4-6 PM
   - Time(s) of pre-event sound check: 3:30 PM
8. *Sound level requested (dBA/Decibels):* 95
9. *Mailing address w/zip code:*
10. *Briefly describe the noise source and equipment involved:* DJ with amps and speakers, microphone
11. *Describe the steps that will be taken to minimize the noise levels:* We'll angle the speakers away from residences, hold the event during the day when noise will blend in with ambient noise (traffic, etc.)
12. *State reason for seeking variance (example - music, announcements, construction, etc.):* Music & announcements
13. *A site diagram & map 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).*

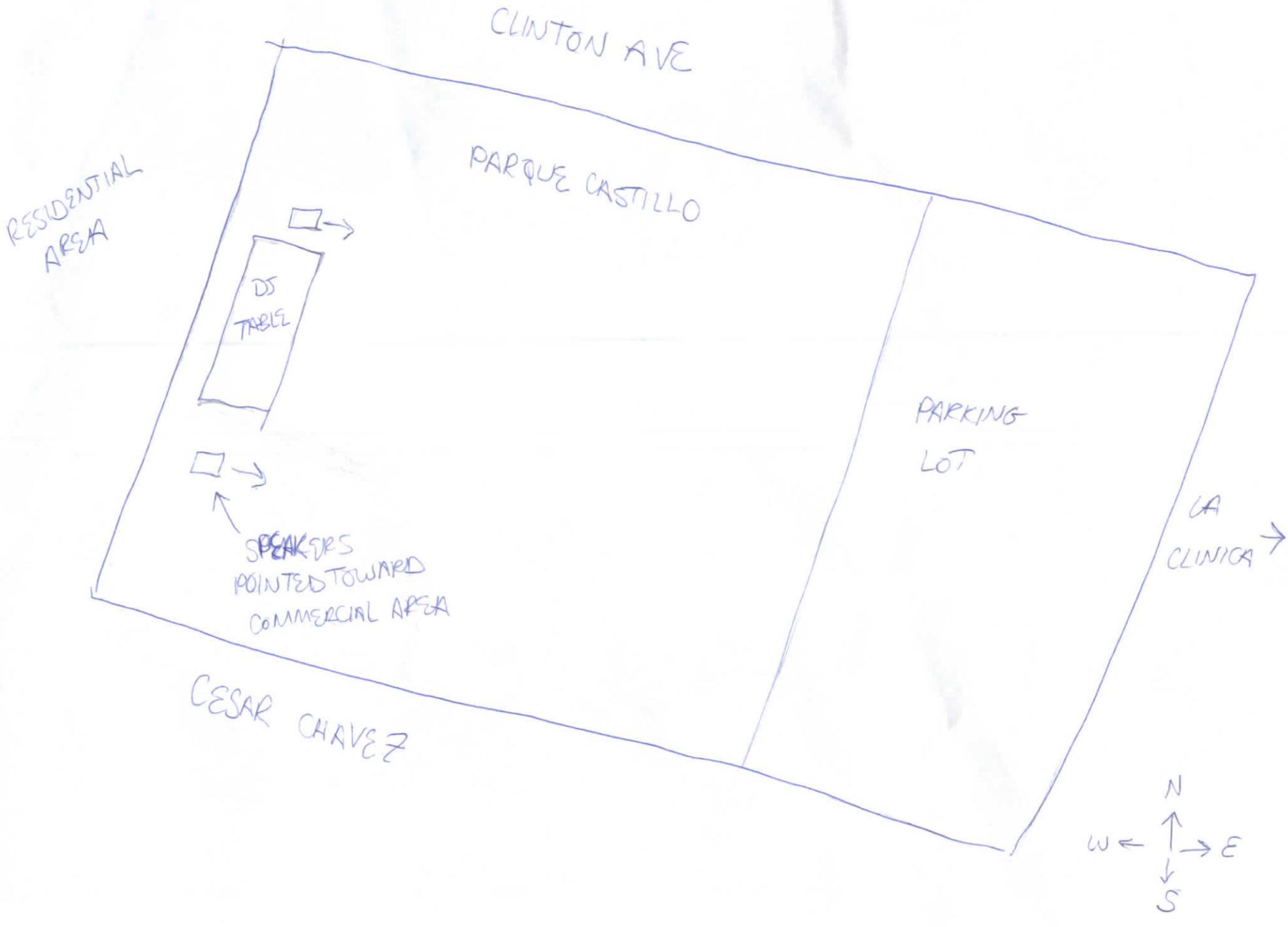
    Multiple locations may require more than one application.
14. *Submit completed application, site diagram/map, and* ***$172.00*** *fee to:*

RECEIVED IN D.S.I.

JUN 12 2019

CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806

Signature of responsible person: [signature] **Date:** 6-12-19


CLINTON AVE
RESIDENTIAL AREA
PARQUE CASTILLO
DJ TABLE
PARKING LOT
LA CLINICA
SPEAKERS POINTED TOWARD COMMERCIAL AREA
CESAR CHAVEZ
N
W
E
S

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
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Date: 06/12/2019

Received From: REBECCA NOECKER
202 MC BOAL ST ST PAUL MN 55102

Description:

Invoice Details	Invoice Amount	Amount Paid
1056588		
Noise Variance	$172.00	$172.00

TOTAL AMOUNT PAID: **$172.00**

Paid By:

Payment Type	Check #	Received Date	Amount
Check	2370	06/12/2019	$172.00