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DEPARTMENT OF SAFETY AND INSPECTIONS Ricardo X. Cervantes, Director

JUN 2 1 2016



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

Sound Level Variance Application

City of Saint Paul Noise Ordinance (Chapter 293)

Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no
fewer than forty five (45) days prior to the public hearing date that is before the requested variance start date.
1. Organization/person seeking variance: St. PAUL JAINTS PATEBALL CLUB /NO.
2. Mailing Address w/zip code: CHN FIELD 360 BROADWAY JT. PAUC, MN 55101
2 Parnonsible person: Tru WHALEY
A Front Name: ALL STAR FAME HOME KUN DERBY and CANCERT
5. Telephone: (65)) Loty- 3517 E-Mail: twhatey (or Saints base ball. com
6. Date(s) during which the variance is requested: $\frac{\delta}{l}$
7. Noise source - Time(s) of operation: 7130 - 10:00 fm
- Time(s) of pre-event sound check: 3:00 pm affrox.
8. Address or legal description of Noise source: SAME as a Love
9. Sound level requested: 100 &B from further of 100' or Mix Dosition
10. Describe the noise source and all equipment involved: Amplified live Music and fublic
aldress
11. Describe the steps that will be taken to minimize the noise levels: Jeakers will not be foun Stage
position will direct sound rate secting bowl; sound levels will be monitored wit
a dB neter
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.) It is expected that
good levels from concert will exceed published legal limits
13. Attach site diagram 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. Return completed Application, Site Diagram, and \$169.00 fee to: CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806
Signature of responsible person:



SHEET TITLE CONCOURSE LEVEL

SHEET NUMBER URP-002 SAMAN : : *EDE

PROJECT NAME

LAWERTON BEST STATES

PROJECT NAME

LAWERTON BEST STATES

LAWERTON BEST ST SAMPHOLIPS BULLET PASHER LOCATION
MAN STREET
SARA POUL
MINDESOLD \$5101
ASSETTION
MAN TOWN
M



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.slpaul.gov/dsi

Date: 06/21/2016

Received From: ST PAUL SAINTS BASEBALL CLUB INC

360 BROADWAY ST ST PAUL MN 55101

Description:

Invoice Details

Invoice Amount

Amount Paid

962090

Noise Variance

\$169.00

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

Payment Type	Check #	Received Date	Amount	"
Check	46660	06/21/2016	\$169.00	i