

8/15/14 pd WICK# 193769  
\$164.00 2L

DEPARTMENT OF SAFETY AND INSPECTIONS  
Ricardo X. Cervantes, Director



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  
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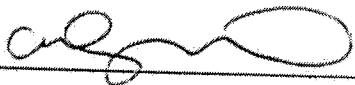
## Sound Level Variance Application

City of Saint Paul Noise Ordinance  
Chapter 293 of the Saint Paul Legislative Code

Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than thirty (30) days prior to the public hearing date that is nearest the variance start date. Public hearings are only held on the first and third Wednesday of each month. Variance start dates must be after the public hearing date.

1. Organization/person seeking variance: Mississippi Market
2. Mailing Address w/zip code: 622 Selby Ave. Saint Paul MN, 55104
3. Responsible person: Christina Nicholson
4. Title or position: Operations Manager
5. Telephone: ( 651 ) 379-5426 E-Mail: cnicholson@msmarket.coop
6. Briefly describe the noise source and equipment involved: Various construction equipment throughout the duration of the project.
7. Address or legal description of noise source: 750 East Seventh Street, Saint Paul, MN 55106
8. Noise source time of operation: 7:00am-6:00pm
9. Date(s) during which the variance is requested: September 30 2014 <sup>to</sup> August 1 2015
10. Describe the steps that will be taken to minimize the noise levels: We will minimize to the extent possible, seeking lower noise equipment and methodology, as well as limiting the amount of time each noise making activity is on site.
11. Briefly state reason for seeking variance: Excavation and construction of Mississippi Market Natural Foods Co-op grocery store; noise making activities are unavoidable in this work.
12. 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.
13. 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

Signature of responsible person: 

RECEIVED IN D.S.I.

Date: August 13, 2014  
6/18/14

AUG 14 2014

AA-ADA-EEO Employer