



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

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: Clayton D. Halonen
- 2. Mailing Address with Zip Code: 7 Heather Place Saint Paul, MN 55102
- 3. Responsible person: Clayton D. Halonen
- 4. Title or position: Home Owner
- 5. Telephone: 612-221-8920
- 6. Briefly describe the noise source and equipment involved: Live band; speakers; DJ

7. Address or legal description of noise source: Home; 7 Heather Place Saint Paul, MN 55102

8. Noise source time of operation: Sep. 7, 2013 5pm - 12am

9. Briefly describe the steps that will be taken to minimize the noise levels: Private security and music volume control

10. Briefly state reason for seeking variance: Wedding Reception

11. Date(s) during which the variance is requested: Sep. 7, 2013

Signature of responsible person: _____ Date: 7/26/13

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

| | |
|-------------------------|-------|
| 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: 07/31/2013

Received From: CLAYTON D HALUNEN
7 HEATHER PLACE ST PAUL MN 55102

Description:

| Invoice Details | Invoice Amount | Amount Paid |
|---------------------------|----------------|-----------------|
| 867021 Noise Variance | \$164.00 | \$164.00 |
| TOTAL AMOUNT PAID: | | \$164.00 |

Paid By:

| Payment Type | Check # | Received Date | Amount |
|--------------|---------|---------------|----------|
| Check | 5815 | 07/31/2013 | \$164.00 |