



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: SHAMROCKS IRISH PUB
2. Mailing Address w/zip code: 995 WEST 7th Street ST Paul MN 55102
3. Responsible person: Michael Runyan Title: owner
4. Event Name: St. Patrick's Day weekend
5. Telephone: (651) 228-9925 E-Mail: mcruny2009@yahoo.com
6. Date(s) during which the variance is requested: FRIDAY MARCH 15 - MARCH 17th
7. Noise source - Time(s) of operation: FRIDAY 9am-11pm, SAT 9am-12am, SUN 9am-11pm
- Time(s) of pre-event sound check: 1 hr before event
8. Address or legal description of Noise source: AMPLIFIED SOUND ON SAT/SUNDAY
from bars and DJ
9. Sound level requested: 100 DM
10. Describe the noise source and all equipment involved: 2-4 speakers
11. Describe the steps that will be taken to minimize the noise levels: we WATCH this every year
we have a sound man to manage, AND all speakers are
pointed AWAY from housing
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.) MUSIC

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: [Handwritten Signature] Date: 1/19/24

DIAMOND
ROCKS

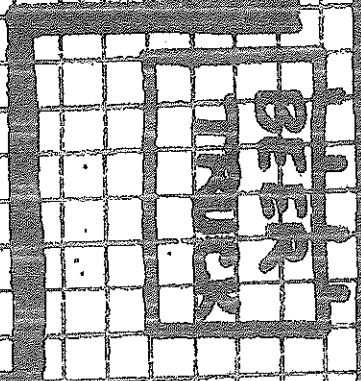
GREEN

119 Ave 1000 1000 1000



SECURITY

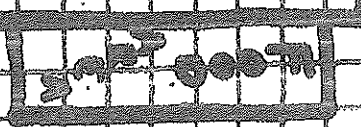
SPEAKER



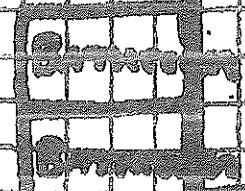
BAR

BEER

TRUMP



FOOD



ENTRANCE



EXIT

1000 1000 1000



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: 01/19/2024

Received From: MEEFY BEAT dba: SHAMROCKS IRISH NOOK
995 7TH ST W ST PAUL MN 55102

Description:

Invoice Details

1157348

Noise Variance

Invoice Amount

\$178.00

Amount Paid

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	2331	01/19/2024	\$178.00