



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

Public  
Hearing  
April 6, 2011

**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: Visit SAINT PAUL
2. Mailing Address with Zip Code: 175 Kellogg Blvd West Saint Paul MN 55102
3. Responsible person: Adam Johnson
4. Title or position: VP of Marketing
5. Telephone: 651-226-5403
6. Briefly describe the noise source and equipment involved: Outdoor concert by GB Leighton in the Downtownier/Burger Moer's parking lot following Championship Hockey Game on April 9.
7. Address or legal description of noise source: 242 West Seventh Street Parking Lot
8. Noise source time of operation: 8-11pm
9. Briefly describe the steps that will be taken to minimize the noise levels: Space is enclosed by brick building walls and artist is open to decibal limits.
10. Briefly state reason for seeking variance: Post game concert during NCAA MEN'S Frozen Four as entertainment opportunity for fans.
11. Date(s) during which the variance is requested: April 9, 2011

Signature of responsible person: [Signature] Date: 3/9/11

**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

**NOTE: APPLICATION MUST BE RECEIVED NO FEWER THAN 30 (THIRTY) DAYS PRIOR TO THE EVENT DATE**

DRDR

90 dot @ 50 feet

School: 800-347-7667 • Borrower: 800-338-2243  
Wachovia.com/education



# 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: 03/15/2011

Received From: SAINT PAUL RIVERCENTRE dba: VISIT SAINT PAUL  
175 KELLOGG BLVD W STE 502 ST PAUL MN 55102

**Description:**

**Invoice Details**

734881  
Noise Variance

**Invoice Amount**

\$164.00

**Amount Paid**

\$164.00

**TOTAL AMOUNT PAID:**

**\$164.00**

**Paid By:**

Payment Type	Check #	Received Date	Amount
Check	39900	03/15/2011	\$164.00