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DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, Director

APR 03 2015



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 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: Twin City German Immersion School
2. Mailing Address w/zip code: 1031 Como Ave, St. Paul, MN 55103
3. Responsible person: Isabel Vollenweider
4. Title or position: Communications + Relations
5. Telephone: (651) 492 7106 ext 262 E-Mail: ivolvenweider@tcgid.org
6. Briefly describe the noise source and equipment involved: small PA system with dj music

7. Address or legal description of noise source: 1031 Como Ave, St. Paul, MN 55103

8. Noise source time of operation: May 16, 2015, 10am - 3pm

9. Date(s) during which the variance is requested: May 16, 2015, 10am - 3pm

10. Describe the steps that will be taken to minimize the noise levels: safe noise volume for children, speakers facing school building, minimized hours from 10am - 3pm

11. Briefly state reason for seeking variance: 10 year celebration of school / Open House / Block party

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: I. Vollenweider Date: 3/25/2015

6/18/14



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: 04/13/2015

Received From: TWIN CITIES GERMAN IMMERSION SCHOOL PTO
1031 COMO AVE ST PAUL MN 55103

Description:

Invoice Details	Invoice Amount	Amount Paid
924844 Noise Variance	\$164.00	\$164.00
TOTAL AMOUNT PAID:		\$164.00

paid By:

Payment Type	Check #	Received Date	Amount
check	8718	04/13/2015	\$164.00