

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.sipaul.gov/dsl

Sound Level Variance Application City of Saint Paul Noise Ordinance (Chapter 293)

Note: A public hearing before the Saint Paul City Council is required. A	pplication and fee must be received no
Note: A public hearing before the Saint Paul City Council is required. From the fewer than forty five (45) days prior to the public hearing date that is before the public hearing date that it is before the public hearing date that the public hearing date the public hearing	efore the requested variance start date.
	but It Wild Tymes
1. Organization/person seeking variance: The Palace of St.	end MN 5810Z
.Z. Wulling Address Will be an Solution	Mar
3. Responsible person: \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Musik Festival
4. Event Name: Wild Tymes Summer	O della see set
4. Event Name:	o wintymes.ne
6. Date(s) during which the variance is requested: Hugust 13	2016
7. Noise source - Time(s) of operation: 1pm +0	opai
Time/s) of pre-event sound sheck: NOON	
8. Address or legal description of Noise source: 33 74 Place	W, STRAWL JIM SSIVE
9. Sound level requested: As per City ardinance	
10. Describe the noise source and all equipment involved:	1 12 11 1 1
10. Describe the noise source and all equipment involved: Amplified live music 12 X	12 stage w/3 should tend
	7
11. Describe the steps that will be taken to minimize the noise levels:	
11. Describe the steps that will be taken to minimize the hoise levels. Sound Lechnician w/ decibe!	vader - 3 sided tens
	to surround stage
12. State reason for seeking variance: (E.g. music, announcements, con	struction, etc.)
Amplified live music on to	atio
HMARINE XELL COMP	
13. Attach site diagram showing location of noise source(s), streets, sta	ges, tents, etc. (If there will be amplified
sound, indicate location and direction that all speakers will be facing.) M	uitible locations may require more than one application.
sound, indicate location and direction that all speakers will be judings, w	distille about the contract of
14. Return completed Application, Site Diagram, and \$169.00 fee to:	CITY OF SAINT PAUL
14. Return completed Application, one 2 to 3 to 4	DEPARTMENT OF SAFETY AND INSPECTIONS
	375 JACKSON STREET, SUITE 220
	SAINT PAUL, MN 55101-1806
Si atum of responsible persons Webusanc	Date: 6/20//6
Signature of responsible person: Westward	

3 Stoleat tent Sound wheel he was a St Peter Street

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DSI RECEIPT

CITY OF SAINT PAUL

Department of Safety and Inspections 375 Jackson Street Sulte 220 Saint Paul, Minnesola 55101-1806 Phone: (651) 266-8989 Fax: (651) 266-9124 www.stpaul.gov/dsi

Date: 06/21/2016

Received From: THE PALACE OF ST PAUL LLC dba: WILD TYMES

33 7TH PLACE W ST PAUL MN 55102

Description:

Invoice Details

Invoice Amount

Amount Paid

962098

Noise Variance

\$169.00

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	008054	06/21/2016	\$169.00