



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: 11/17/2017

Received From: ST PAUL WINTER CARNIVAL
75 5TH ST STE 429 ST PAUL MN 55101

Description:

Invoice Details

1010944

Noise Variance

Invoice Amount

\$172.00

Amount Paid

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card		11/17/2017	\$172.00



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: ST. PAUL WINTER CARNIVAL FESTIVAL & HERITAGE
2. Mailing Address w/zip code: LANDMARK CENTER
3. Responsible person: Tom Keller Title: CONST. COORDINATOR
4. Event Name: 2018 ICE PALACE CONSTRUCTION
5. Telephone: (612) 868-0538 E-Mail: ICEMAN TMK
6. Date(s) during which the variance is requested: 1/4/18 1/27/18
7. Noise source - Time(s) of operation: HEAVY EQUIPMENT
- Time(s) of pre-event sound check: 24 hr a day
8. Address or legal description of Noise source: _____

9. Sound level requested: WE WILL NOT EXCEED 90 db
10. Describe the noise source and all equipment involved: TRACKS - SKID STEERS & HOISTING CRANES
11. Describe the steps that will be taken to minimize the noise levels: NOISE SUPPRESSORS ON ALL EQUIPT.

12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)
TO BUILD AN ICE PALACE

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 ~~\$164.00~~ ^{172.00} 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: Thomas M Keller Date: 11/17/17

651-484-9661

Address: _____429 Landmark Center
75 West 5th Street
Saint Paul, Minnesota 55102_____

Phone: 612-868-0538

Email: Icemantmk@aol.com

sl-exempt 5_7_14