

pd w/ CLK# 9146
164.00

CITY OF ST PAUL
RECEIVED IN DSI

DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, Director



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

Application for Sound Level Variance
City of Saint Paul Noise Ordinance
Chapter 293 of the Saint Paul Legislative Code

- Organization or person seeking variance: Team ORTHO Foundation - Women Rock
- Mailing Address with Zip Code: 2906 2nd St. N., Mpls, MN 55411
- Responsible person: John Larson
- Title or position: EXECUTIVE DIRECTOR
- Telephone: 763-772-4782
- Briefly describe the noise source and equipment involved: Announcers on MISS RIVER Blvd near Ford Plant (location 1), Shepard Road & Eagle (location 2), GBL Leighton concert inside Upper Landing Park (location 3) 1
- Address or legal description of noise source: Loc 1) on Miss River Blvd just south of Ford Parkway, Loc 2) Shepard Road between Sherman & Eagle, Location 3) Upper Landing Park
- Noise source time of operation: Announcer @ Ford plant 7:00am - 7:40a; Announcer @ Shepard 7:00a - 11:30a;
- Briefly describe the steps that will be taken to minimize the noise levels: Announcer @ shepard - speakers will point down shepard & not at condos; Announcer @ Ford - speakers point at river (down river); Band has a stage w/ sound - CARE WILL BE TAKEN TO DIRECT →
- Briefly state reason for seeking variance: Band & shepard announcer - early amplified sound.
- Date(s) during which the variance is requested: Saturday, August 31, 2013

Signature of responsible person: John Larson Date: June 26, 2013

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

Office Use Only	
Date Rec'd.	_____
Reviewed	_____
Date Public Notice Sent	_____
Referred to Council	_____

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



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: 07/12/2013

Received From: TEAM ORTHO FOUNDATION
2906 2ND ST MINNEAPOLIS MN 55411

Description:

Invoice Details

865711

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	9146	07/12/2013	\$164.00