



CITY OF SAINT PAUL

Business Licensing
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-2668989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

Sound Level Variance Application Legislative Code Chapter 293. - Noise Regulations

Application and \$172 fee payment should be submitted a minimum of sixty (60) days prior to the scheduled event start date. A public notification period is required prior to scheduling the application's Public Hearing before the Saint Paul City Council. Applications received fewer than sixty (60) days prior to the event may not satisfy the ordinance's processing timelines for placement on the Council's agenda.

1. Organization/person seeking variance: Iglesia Cristiana Cedros del Libano
2. Event Name: 15th Anniversary
3. Address and physical description of noise source location (Event, Worksite):
1003 Arcade st, St Paul Mn 55106 & 1000 Walsh St - Ball Field
4. Responsible person: René Campos Title: church member
5. Telephone: (651) 226-7203 E-Mail: renatocampsf@hotmail.com
6. Date(s) variance requested: Sept. 14, 2019
7. Noise source - Time(s) of operation: 3pm - 6pm
- Time(s) of pre-event sound check: 2 Hours prior the Event (1pm - 3pm sound check)
8. Sound level requested (dBA/Decibels): 80 Decibels
9. Mailing address w/zip code: 1900 E Shore Drive #402 Maplewood, Mn 55109
10. Briefly describe the noise source and equipment involved: we are going to have a church Band with Amps, guitar, Key Board, Bass and Drums Speakers
11. Describe the steps that will be taken to minimize the noise levels: Music is always concired as a normal level for our church people, to minimize the noise we take the consideration to lower the volume
12. State reason for seeking variance (example - music, announcements, construction, etc.):
Anniversary music event
13. A site diagram & map must be attached 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. Submit completed application, site diagram/map, and **\$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: _____

Date: 8/15/2019

AA-ADA-EEO Employer

Request #1920-2271



ISD 625-Saint Paul Public Schools

1930 Como Ave
Saint Paul, MN 55108
(651) 744-4286

jenna.hernandez@spps.org

IGLESIA CEDROS DEL LIBANO
CESAR CAMPOS
1003 ARCADE ST
SAINT PAUL, MN 55106

15th Anniversary Celebration

Information

Account #: #1732

Email: camposyessica8@gmail.com
rv.cesarcampos@hotmail.com

Contact: Cesar Campos

Rate Type: Category 2

Phone: (651) 353-1593, Other
(651) 410-8691, Other

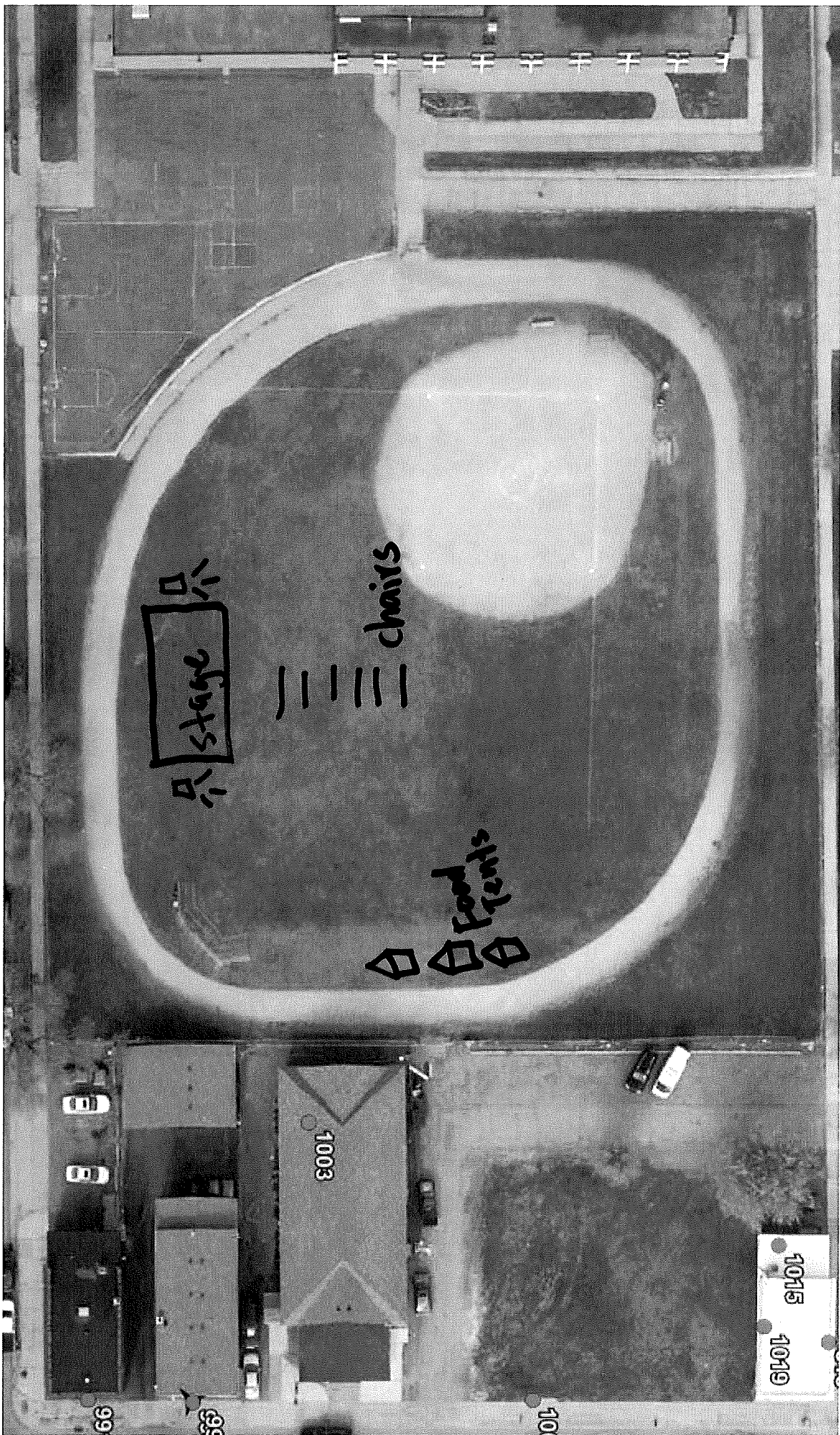
Attendance: 100

The following facility request parts have been accepted:

Date	Setup	Start	End	Cleanup	Rooms	Rate	Hours	Amount
Farnsworth Aerospace - Upper @Cleveland								
Sat, Sep 14 2019	1:00 PM	2:00 PM	6:00 PM	6:45 PM	1F Multipurpose Field (Softball, Outdoor)	\$15.00/Hour	5h 45m	\$86.25
Estimated Total Charges								\$86.25
Finance History								
TBD	Estimated amount to be invoiced in the future							\$ 86.25
Due as of August 23, 2019								\$0.00

Approved By: _____ 08/23/2019

1003 Arcade Street



stage

chairs

Food tents

1003

1015 1019

1003

99

99

100



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: 08/15/2019

Received From: IGLESIA CRISTIANA CEDROS DEL LIBANO
1900 E SHORE DRIVE APT 402 MAPLEWOOD MN 55109

Description:

Invoice Details

1060771

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		08/15/2019	\$172.00