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

1. Organization or person seeking variance: Human Movement Management
2. Mailing Address with Zip Code: 1111 S. Street Louisville, CO 80027
3. Responsible person: Ashleigh Shapiro
4. Title or position: Sales/Sponsorships Coordinator
5. Telephone: 303 995 8015
6. Briefly describe the noise source and equipment involved: small stage/powered sound system under 3,000 watts
7. Address or legal description of noise source: Harriet Island
8. Noise source time of operation: 10am-2-2:30pm
9. Briefly describe the steps that will be taken to minimize the noise levels: directionality of speakers, minimal subs/low end, short period of playtime.
10. Briefly state reason for seeking variance: will be hosting a holiday themed 5k, want to use speakers to play holiday music
11. Date(s) during which the variance is requested: 11/30/2013

**Signature of responsible person:** _____ Date: 10/23/2013

**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**

5/2010

RECEIVED IN D.S.I.

OCT 28 2013

# 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:** 10/28/2013

**Received From:** HUMAN MOVEMENT MANAGEMENT
1111 SOUTH ST LOUISVILLE CO 80027

**Description:**

| Invoice Details | Invoice Amount | Amount Paid |
|---|---|---|
| 880040 | | |
| Noise Variance | $164.00 | $164.00 |

**TOTAL AMOUNT PAID:** **$164.00**

**Paid By:**

| Payment Type | Check # | Received Date | Amount |
|---|---|---|---|
| Check | 3513 | 10/28/2013 | $164.00 |