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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

RECEIVED IN D.S.I.
AUG 09 2013

1. Organization or person seeking variance: Lowertown Bike Shop
2. Mailing Address with Zip Code: 253 East 4th St. Ste 76, St. Paul MN
3. Responsible person: Dan Keamy
4. Title or position: Director of Operations
5. Telephone: 651-222-0775
6. Briefly describe the noise source and equipment involved: There will be amplified music from bands. There will be customers and community members at event.
7. Address or legal description of noise source: 253 East 4th Street, East Parking lot of Sax building
8. Noise source time of operation: 1pm - 10pm
9. Briefly describe the steps that will be taken to minimize the noise levels: Lowertown Bike Shop will have a sound professional to control volume/bass/noise
10. Briefly state reason for seeking variance: To have a party for our community and customers.
11. Date(s) during which the variance is requested: October 13th

Signature of responsible person: Daniel M. Keamy Date: 8-8-13

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

85 dBA at a distance 50 feet measured from the sound source.

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: 08/09/2013

Received From: LOWERTOWN BIKE SHOP
253 4TH ST E ST PAUL MN 55101

Description:

Invoice Details

867906

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	3128	08/09/2013	\$164.00