



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)

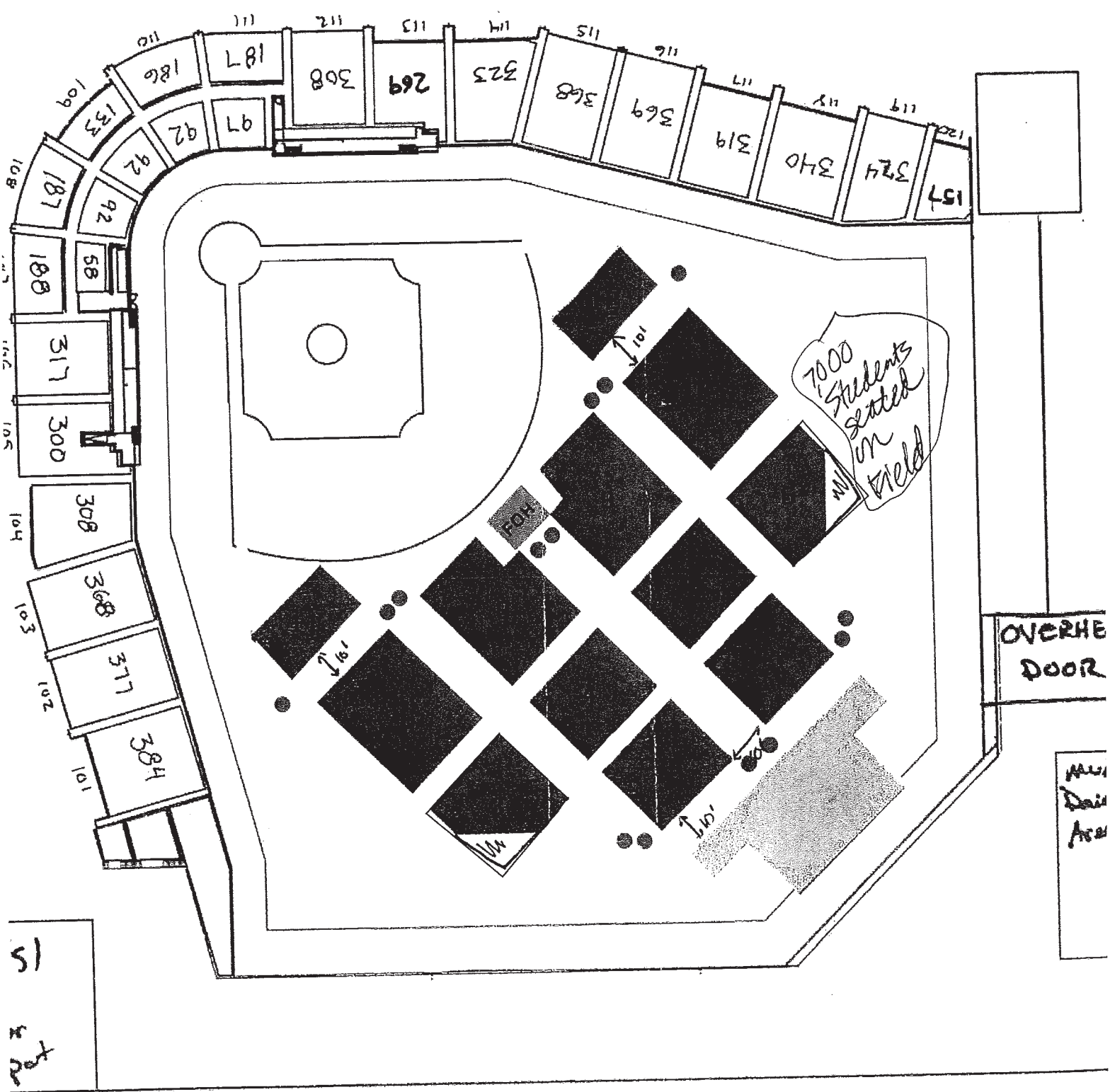
**Note:** A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.

1. Organization/person seeking variance: GAIL DORN, CSOE
2. Mailing Address w/zip code: 3033 EXCELSIOR BLVD. STE: 525 Mpls MN
3. Responsible person: DIANA BRASCH Title: EVENT DIRECTOR 55416
4. Event Name: CATHOLIC SCHOOLS CENTER OF EXCELLENCE ALL SCHOOL MASS
5. Telephone: (952) 250-2372 Mail: dbrasch16@gmail.com
6. Date(s) during which the variance is requested: 9/21-9/22/2016
7. Noise source - Time(s) of operation: 9/21 2pm-5pm 9/22 9AM-1:30pm  
- Time(s) of pre-event sound check: \_\_\_\_\_
8. Address or legal description of Noise source: CHS FIELD  
360 BROADWAY ST. ST. PAUL, MN 55101
9. Sound level requested: 100 dBA
10. Describe the noise source and all equipment involved: THIS EVENT IS A MASS  
SO WILL HAVE WORSHIP MUSIC, A MASS &  
MUSIC PLAYING AFTER THE MASS
11. Describe the steps that will be taken to minimize the noise levels: THE AV UNION  
WILL MANAGE THE NOISE LEVEL.
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)  
MUSIC, SO PEOPLE CAN HEAR THE  
BISHOP SPEAK & GIVE THE MASS
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 \$169.00 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: Gail Dorn Date: 8-4-16

Dog PARK      Field Pies





# 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: 08/10/2016

Received From: CATHOLIC SCHOOLS CENTER OF EXCELLENCE  
3033 EXCELSIOR BLVD SUITE 525 MINNEAPOLIS MN 55416

Description:

Invoice Details

965783

Noise Variance

Invoice Amount

\$169.00

Amount Paid

\$169.00

**TOTAL AMOUNT PAID:**

**\$169.00**

Paid By:

Payment Type	Check #	Received Date	Amount
Check	3800	08/10/2016	\$169.00