

JUN 11 2015



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: Irish Fair of MN
2. Mailing Address w/zip code: 836 North Pror Ave; Saint Paul, MN 55104
3. Responsible person: Colleen Healy Title: Executive Director
4. Event Name: Irish Fair of MN
5. Telephone: (651) 645-0221 E-Mail: executivedirector@irishfair.com
6. Date(s) during which the variance is requested: Thurs 8-6, Open 10pm; Friday 2pm-11pm, SAT. 9am-11pm
7. Noise source - Time(s) of operation: See above dates and times SUN 8am to 8pm
- Time(s) of pre-event sound check: _____
8. Address or legal description of Noise source: Harriet Island Regional Park
9. Sound level requested: 90 db @ 50 feet
10. Describe the noise source and all equipment involved: Added Sound Equipment for each stage as listed on map (Attached)
11. Describe the steps that will be taken to minimize the noise levels: In 2014, successful at Tent Placement and Speaker Layout to reduce sound of Island. This layout will be the same in 2015.
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.) Cultural Entertainment, Celebrating Irish Culture
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 \$164.00 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: Colleen Healy

Date: 4-16-2015



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: 06/12/2015

Received From: IRISH FAIR OF MINNESOTA
836 PRIOR AVE N ST PAUL MN 55104

Description:

Invoice Details

929355

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

| Payment Type | Check # | Received Date | Amount |
|--------------|---------|---------------|----------|
| Check | 5532 | 06/12/2015 | \$164.00 |

