



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: Ames Construction
2. Mailing Address with Zip Code: 2000 Ames Dr Burnsville MN 55306
3. Responsible person: Alex Carlin
4. Title or position: Protect Manager
5. Telephone: 612-720-4720
6. Briefly describe the noise source and equipment involved: Demolition of Arlington, Wheelock and Carpenter Ave. bridges over I-35E. Excavation, grading and trucks hauling from Maryland Ave to Carpenter Ave
7. Address or legal description of noise source: East and West sides of I-35E from Maryland Ave to Carpenter Ave
8. Noise source time of operation: _____
9. Briefly describe the steps that will be taken to minimize the noise levels: EXPEDITE SCHEDULE
10. Briefly state reason for seeking variance: Widening Interstate 35E from Maryland Ave to Carpenter Ave
11. Date(s) during which the variance is requested: 2/1/14 - 11/1

Signature of responsible person: Alex Carlin Date: 1/14/14

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.	<u>1/22/14</u> <u>AK</u>
Reviewed	<u>1/30/14</u> <u>AK</u>
Date Public Notice Sent	_____
Referred to Council	_____

1/29/14 AK
Complete App

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: 01/22/2014

Received From: AMES CONSTRUCTION
2000 AMES DRIVE BURNSVILLE MN 55306

Description:

Invoice Details

885721

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	432769	01/22/2014	\$164.00