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CITY OF SAINT PAUL. Christopher B. Coleman, Mayor

APR 2 0 2015

375 Jackson Street, State 220 Soutt Paul, Mannesota 55101-1806 Felephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaid.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.

2. Mailing Address w/zip code: 345 Washington St. St. Paul MN 55102. 3. Responsible person: Julia Erickson Title: Assistant Paul Manager 4. Event Name: Flint Hills International Childen's Festival 5. Telephone: (1051) 28Z -3039 E-Mail: jerickson of ordusy org 6. Date(s) during which the variance is requested: 5/76/15-5/31/15 7. Noise source - Time(s) of operation: 102m -52m
3. Responsible person: Jusia Erickson Title: Assistant Paul Harage 4. Event Name: Flint Hills International Children's Festilal 5. Telephone: (1051) 28Z -303A E-Mail: jerickson gordway.org 6. Date(s) during which the variance is requested: 5/76/15-5/31/15
5. Telephone: (1651) 28Z -303A E-Mail: jenckson gordway org 6. Date(s) during which the variance is requested: 5/76/15-5/31/15
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7. Noise source - Time(s) of operation: \Omn -50m
- Time(s) of pre-event sound check: 9:30 pm 5/30 5/31
8. Address or legal description of Noise source: Rive Park.
9. Sound level requested: 90-100dBA
10. Describe the noise source and all equipment involved: 50 md system (exted from Alicel
Audio
11. Describe the steps that will be taken to minimize the noise levels: will monitor from board and
with decibal metel
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)
Live bands for 15th annual Publit
13. <u>Attach site diagram</u> 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 applicati
4.6. Determine a constitution of the Discourse of ACCA 0.0. Co. A
14. Return completed Application, Site Diagram, and \$164.00 fee to: CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIO 375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806
Signature of responsible person: \\ \(\left(\frac{1}{2} \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Date. 717.5



DSI RECEIPT

CITY OF SAINT PAUL

Department of Safety and Inspections 375 Jackson Street Suite 220 Saint Paul, Minnesota 55101-1806 Phone (651) 266-9899 Fax (651) 266-9124 www.stpaul.gov/dsi

Date: 04/21/2015

Received From: ORDWAY CENTER FOR THE PERFORMING ARTS

345 WASHINGTON ST ST PAUL MN 55102

Description:

Invoice Details

Invoice Amount

Amount Paid

925428

Noise Variance

\$164.00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	1	Amount
Check	224926	04/21/2015	·i :	\$164.00
I		14	1	