

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone:-65T-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

Pubic Learins Ser

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: Trater Trate UDC				
2. Mailing Address with Zip Code: 533 N Dale ST 55/03				
3. Responsible person: Till Henricksen				
4. Title or position: Fxecutive Director				
5. Telephone: <u>651-789-7487</u>				
6. Briefly describe the noise source and equipment involved: For the third to	me			
we will have Davina and The Vagabonds plan	ANG			
Tive in our garden.	, , ,			
7. Address or legal description of noise source: 533 N Date				
8. Noise source time of operation: Deptember 13th 2012 6:30-10 p				
9. Briefly describe the steps that will be taken to minimize the noise levels: WE YOVE T	10tified			
Our band to lower the amplifier and we have also				
Informed the neighbors of the event				
10. Briefly state reason for seeking variance: <u>CFCDC IS NOlding Its Hold</u>				
annual Gala In The Garden Fundraiser.				
11. Date(s) during which the variance is requested: September 13th 2012				
O and laving Alexand	ath 020			
Signature of responsible person: Jell Heurickell Cate: Cugart	4-2012			
Return comp				
CITY OF SAI	ıly			
DEPARTMEN 1 Cd feet				
375 JACKSON Smeasured 3				
SAINT PAUL Source				
(651) 266-8989 Sourd				
CITY OF SAI DEPARTMEN 375 JACKSON SAINT PAUL (651) 266-8989 Lrom Source Source The source of the end of				
NOTE. ATTE	5/2010			
<u>THAN 30 (TH</u>	312010			



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: 08/17/2012

Received From: GREATER FROGTOWN CDC

533 DALE ST N ST PAUL MN 55103

Description:

Invoice Details Invoice Amount Paid

831880

Noise Variance \$164.00 \$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	6771	08/17/2012	\$164.00