

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

 Organization or person seeking variance: Twin Cities Mailing Address with Zip Code: 6545 1197 p) N Responsible person: Stare Hookless Title or position: 1) seetess Telephone: 6)2-2273 08 Briefly describe the noise source and equipment involved: p 	Saz Festol (Fosi; Dream) Champlin, MN 55376 A, Amps on Stabe
7. Address or legal description of noise source: Robert St	, Bm dge
 8. Noise source time of operation: 10 Am 10 107 M 9. Briefly describe the steps that will be taken to minimize the nois 	
10. Briefly state reason for seeking variance: dey fesh	ml.
11. Date(s) during which the variance is requested: Sept Signature of responsible person:	15, 20)2 Date: 8/20/12
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 Reviewed Date Public Notice Sent Referred to Council
NOTE: APPLICATION MUST BE RECEIVED NO FEW	ED .

NOTE: APPLICATION MUST BE RECEIVED NO FEWER THAN 30 (THIRTY) DAYS PRIOR TO THE EVENT DATE

5/2010



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: 08/22/2012

Received From: STEVE HECKLER dba: REBUILD THE DREAM

PO BOX 8162 ST PAUL MN 55108

Description:

Invoice Details

Invoice Amount

Amount Paid

832190

Noise Variance

\$164.00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	7153	08/22/2012	\$164.00