



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

Public Hearing  
Feb 6th

**Application for Sound Level Variance**  
City of Saint Paul Noise Ordinance  
Chapter 293 of the Saint Paul Legislative Code

- Organization or person seeking variance: Minnesota Anonymously
- Mailing Address with Zip Code: 8541 Gueneville Ln Apt 614 Eden Prairie MN 55934
- Responsible person: Jeff Hargarten
- Title or position: Media Liaison
- Telephone: (763) 210-8906
- Briefly describe the noise source and equipment involved: Twin self-amplified Karaoke speakers, microphone, MP3 player, Vuvuzela (wind instrument)
- Address or legal description of noise source: Corner of Wabasha & Exchange Streets.
- Noise source time of operation: 10:30 Am - 4:30 PM
- Briefly describe the steps that will be taken to minimize the noise levels: Handheld Decibel meter to maintain levels within city code.
- Briefly state reason for seeking variance: To provide dance music for gathering while remaining within city code. (Dance-Protest)
- Date(s) during which the variance is requested: February 10<sup>th</sup>, 2013

Signature of responsible person: Jeff Hargarten Date: 01.09.12

Dist # 17

**Return completed Application**  
CITY OF SAINT PAUL  
DEPARTMENT OF SAFETY  
375 JACKSON STREET, SUITE 220  
SAINT PAUL, MN 55101-1806  
(651) 266-8989

80 dBA as measured  
50 feet from speakers

**NOTE: APPLICATION MUST BE RECEIVED  
THAN 30 (THIRTY) DAYS BEFORE**



# DSI RECEIPT

CITY OF SAINT PAUL  
Department of Safety and Inspections  
375 Jackson Street Suite 220  
Saint Paul, Minnesota 55101-1806  
Phone: (651) 266-8889 Fax: (651) 266-9124  
www.stpaul.gov/dsi

Date: 01/10/2013

Received From: JEFFREY A HARGARTEN dba: MINNESOTA ANONYMOUS  
8551 GWENETH LANE APT 614 EDEN PRAIRIE MN 55344-6639

Description:

Invoice Details

849788

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

**TOTAL AMOUNT PAID:**

**\$164.00**

Paid By:

Payment Type	Check #	Received Date	Amount
Check	1218	01/10/2013	\$164.00

To: 1110413

Mark Kaisersatt