

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

RECEIVED IN D.S.I.
MAY 3 1 2013

Application for Sound Level Variance

City of Saint Paul Noise Ordinance Chapter 293 of the Saint Paul Legislative Code

HOD EN) -			
1. Organization or person seeking variance:	NTS			
2. Mailing Address with Zip Code: DO BOX 8/6 2	St Varl 55/08			
3. Responsible person: Steve Heckler				
4. Title or position: Dice to a				
5. Telephone: 6 8 - 227-3)0 8				
6. Briefly describe the noise source and equipment involved:	Sitar Festival mours par			
126457 70th - 1 day Festival	, , , ,			
7. Address or legal description of noise source: ///Cors 1	Dark Conertonn			
	-			
8. Noise source time of operation: NOW to 10 DM				
9. Briefly describe the steps that will be taken to minimize the noise	levels: DR Madars State			
1012me Controls				
Volume Carrido				
10. Briefly state reason for seeking variance: Fesh (a)				
10. Briefly state reason for seeking variance.				
11. Date(s) during which the variance is requested:	107h			
11. Date(s) during which the variance is requested: 70 6057				
Signature of responsible person: Date: 5/8/13				
Signature of responsible person:	Date: 0/08/15			
Return completed Application and \$164.00 fee to:				
CITY OF SAINT PAUL Office Use Only				
DEPARTMENT OF SAFETY AND INSPECTIONS	Date Rec'd.			
375 JACKSON STREET, SUITE 220	Reviewed			
SAINT PAUL, MN 55101-1806	Date Public Notice Sent			
(651) 266-8989	Referred to Council			

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) 266-8989 Fax: (651) 266-9124 www.stpaul.gov/dsi

Date: 05/31/2013

Received From: HSR EVENTS

PO BOX 8162 ST PAUL MN 55108

Description:

Invoice Details

Invoice Amount

Amount Paid

861708

Noise Variance

\$164.00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	6519	05/31/2013	\$164.00

measured source