

CITY OF ST PAUL  
RECEIVED IN DSI

DEPARTMENT OF SAFETY AND INSPECTIONS  
Ricardo X. Cervantes, Director



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

2013 JUN -6 AM 10:44

Public Hearing  
July 10

**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: Hot Summer Jazz Fest for Lowertown Festival
2. Mailing Address with Zip Code: PO Box 8162 St Paul, MN 55108
3. Responsible person: Steve Hecker
4. Title or position: Executive Director
5. Telephone: 612-227-3108
6. Briefly describe the noise source and equipment involved: Festival Stage Amps, DA
7. Address or legal description of noise source: Meas park
8. Noise source time of operation: Sept 5 7 to 10pm Sept 6 5 to 10pm, Sept 7 Noon to 10
9. Briefly describe the steps that will be taken to minimize the noise levels: Line array PA, Db meters
10. Briefly state reason for seeking variance: Festival
11. Date(s) during which the variance is requested: September 5, 6, 7

Signature of responsible person: [Signature]

Date: 6/3/13

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

85 dBA at  
50 feet from  
sound source

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



## 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](http://www.stpaul.gov/dsi)

Date: 06/07/2013

Received From: HOT SUMMER JAZZ FESTIVAL  
PO BOX 8162 ST PAUL MN 55108

**Description:**

**Invoice Details**

862722

Noise Variance

**Invoice Amount**

\$164.00

**Amount Paid**

\$164.00

**TOTAL AMOUNT PAID:**

**\$164.00**

**Paid By:**

Payment Type	Check #	Received Date	Amount
Check	7270	06/07/2013	\$164.00