



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

1. Organization or person seeking variance: Human Movement Management
2. Mailing Address with Zip Code: 1111 S. Street Louisville, CO 80027
3. Responsible person: Ashleigh Shapiro
4. Title or position: Sales/Sponsorships Coordinator
5. Telephone: 303 995 8015
6. Briefly describe the noise source and equipment involved: small stage / powered sound system < 3,000 watts
7. Address or legal description of noise source: Harriet Island
8. Noise source time of operation: 10am - 2:30pm
9. Briefly describe the steps that will be taken to minimize the noise levels: directionality of speakers, minimal subs/low end, short period of playtime.
10. Briefly state reason for seeking variance: will be hosting a holiday themed SK, want to use speakers to play holiday music
11. Date(s) during which the variance is requested: 11/30/2013

Signature of responsible person: [Signature] Date: 10/23/2013

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 FEWER THAN 30 (THIRTY) DAYS PRIOR TO THE EVENT DATE RECEIVED IN D.S.I.

OCT 28 2013



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: 10/28/2013

Received From: HUMAN MOVEMENT MANAGEMENT
1111 SOUTH ST LOUISVILLE CO 80027

Description:

Invoice Details

880040

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	3513	10/28/2013	\$164.00