



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.

OCT 24 2013

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: Twin Cities German Immersion School - P.T.O
2. Mailing Address with Zip Code: 1031 Como Ave., St Paul MN 55103
3. Responsible person: Kami Blackwell-Kimrey
4. Title or position: President, ~~TCGIS~~ TCGIS - PTO
5. Telephone: 651-494-2086
6. Briefly describe the noise source and equipment involved: DJ booth + sound system
7. Address or legal description of noise source: 1031 Como Ave, St. Paul MN 55103
8. Noise source time of operation: 7pm to Midnight
9. Briefly describe the steps that will be taken to minimize the noise levels: Doors + windows will be closed. All activities will occur inside the building. The event will be in the ^{building} ~~previously~~ ^{that} was a church.
10. Briefly state reason for seeking variance: Annual school fundraising
11. Date(s) during which the variance is requested: Saturday, February 22nd, 2014

Signature of responsible person: Date: 10/13/13

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

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

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: 10/24/2013

Received From: TWIN CITIES GERMAN IMMERSION SCHOOL
MN

Description:

Invoice Details

879833

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	1590	10/24/2013	\$164.00