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CITY OF SAINT PAUL Christopher B. Coleman, Mayor

MAR 0 3 2014

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: Twin cities	TAZZ FESTNG
2. Mailing Address with Zip Code: 14 E 41 51 H	130 StPay 55/01
	$\frac{39}{3}$
3. Responsible person: Steve Heaviler	
4. Title or position: Executive Discretor	
5. Telephone: 612-227-3108	
	estival pA, Ampica
Stast	
7. Address or legal description of noise source: Mess Park	UNIONXDON, POIXST
0015, NO 01 XS) (ACV) (CO)	
8. Noise source time of operation: Non to 10 pm	
9. Briefly describe the steps that will be taken to minimize the noise	levels: Line Acres 5/57cm
1) b Manker	(, , , , , , , , , , , , , , , , , , ,
10. Briefly state reason for seeking variance: Jazz Fostin 6	
11. Date(s) during which the variance is requested: The de	37 7 984
Signature of responsible person:	Date: 2/28/14
Return completed Application and \$164.00 fee to:	Rocid by
CITY OF SAINT PAUL	J. 10000
DEPARTMENT OF SAFETY AND INSPECTIONS	Dete 3/6/2014
375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806	1 0000 0,0,000
(651) 266-8989	1 thus
(001) 200-0707	0111/200
NOTE: APPLICATION MUST BE RECEIVED NO FEWE	SLV Hyplic.
THAN 30 (THIRTY) DAYS PRIOR TO THE EVENT DAT	
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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: 03/24/2014

Received From: TWIN CITIES JAZZ FESTIVAL

PO BOX 8162 ST PAUL MN 55108

Description:

Invoice Details

Invoice Amount

Amount Paid

890280

Noise Variance

\$164.00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	7538	03/24/2014	\$164.00