



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: JIM BURON -
2. Mailing Address with Zip Code: 141 E. 4TH STREET, #921 ST. PAUL MN 55101
3. Responsible person: JIM BURON
4. Title or position: EVENT ORGANIZER
5. Telephone: 651-246-7439
6. Briefly describe the noise source and equipment involved: AMPLIFIED SOUND FOR MUSIC VOCALS AND ANNOUNCEMENTS, MIXER, 200 WATT SPEAKERS, MICROPHONE.
7. Address or legal description of noise source: FILLO PRODUCTIONS INC. (651-698-2300)
1810 COMO AVE. ST. PAUL, MN 55108
8. Noise source time of operation: 5PM - 8PM
9. Briefly describe the steps that will be taken to minimize the noise levels: WILL HAVE DECIBAL METER ON SITE TO MAKE SURE SOUND IS IN ACCORDANCE WITH WHAT IS ALLOWED.
10. Briefly state reason for seeking variance: BACKGROUND MUSIC FOR THE TWIN CITIES BURGER BATTLE. WILL ALSO HAVE A PA SYSTEM FOR ANNOUNCEMENT
11. Date(s) during which the variance is requested: MAY 17th, 2014

Signature of responsible person: [Signature]

Date: 4/1/14

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: 04/08/2014

Received From: JIM BURON

141 4TH ST E UNIT 921 ST PAUL MN 55101

Description:

Invoice Details

891729

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	1012	04/08/2014	\$164.00