

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: 06/11/2014

Received From: CALIDA COGAN dba: HIGHLAND BUSINESS ASSOC/HIGHLAND FEST

790 CLEVELAND AVE S STE 219 ST PAUL MN 55116

Description:

Invoice Details

Invoice Amount

Amount Paid

896679

Noise Variance

\$164,00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	11457	06/11/2014	\$164.00



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: HAMA JU. 2. Mailing Address with Zip Code: AO CULLIA AO. S 3. Responsible person: Alda COJA 4. Title or position: EUCH MY7 JU 5. Telephone: OS - MA - 7 WL 6. Briefly describe the noise source and equipment involved: WL DZO - MULMONIU - STUUD MULLIA	Ascentin/Highland Fest Suite 219-STR-SSILLe- bands atticle in Millowst
7. Address or legal description of noise source: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	erk 1978 Fird Pkuy.
8. Noise source time of operation: 7/19 5m-9.70 (M 9. Briefly describe the steps that will be taken to minimize the noise of the steps that will be taken t	levels:
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 FEWE	'R

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

5/2010