



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

Sound Level Variance Application

City of Saint Paul Noise Ordinance
Chapter 293 of the Saint Paul Legislative Code

Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than thirty (30) days prior to the public hearing date that is nearest the variance start date. Public hearings are only held on the first and third Wednesday of each month. Variance start dates must be after the public hearing date.

1. Organization/person seeking variance: Epilepsy Foundation of Minnesota
2. Mailing Address w/zip code: 11600 University Ave W. #300 St. Paul, MN 55104
3. Responsible person: Heather Hammond
4. Title or position: Development Events & Corporate Sponsorship Manager
5. Telephone: (651) 287 2330 E-Mail: hammond@efmn.org
6. Briefly describe the noise source and equipment involved: Speakers, microphone, Music will be playing, some speaking (No Broadcasting)
Fender Passport Sound System
7. Address or legal description of noise source: Lake Phalen Park St. Paul MN
8. Noise source time of operation: 4:45pm - 8:45/9 pm [Music end at 7pm]
9. Date(s) during which the variance is requested: August 7th 2014
10. Describe the steps that will be taken to minimize the noise levels: Speakers pointed toward the pavilion, not the water / residential areas.
CBS Radio will measure dB onsite & assure they are below 85dB
11. Briefly state reason for seeking variance: large event w/ music, cannot promise it'd be under 55 decibels. want to respect neighborhood
12. Attach site diagram showing location of noise source(s), streets, stages, tents, etc. (If there will be amplified sound, indicate location and direction that all speakers will be facing.) Multiple locations may require more than one application.
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

Signature of responsible person: Heather Hammond

Date: 6/30/14

6/18/14

AA-ADA-EEO Employer

→ They can adjust to whatever the regulation maybe.



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: 07/03/2014

Received From: EPILEPSY FOUNDATION OF MINNESOTA
1600 UNIVERSITY AVE W STE 300 ST PAUL MN 55104

Description:

Invoice Details

898726

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	64227	07/03/2014	\$164.00