

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

JUL 2 8 2014

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. <u>Public hearings are only held on the first and third Wednesday of each month.</u> Variance start dates must be after the public hearing date.

1. Organization/person seeking variance: MOTIONPOEMS, INC.
2. Mailing Address W/zip code: 225 PORTLAND AVS # 427, Mpis 55401
3. Responsible person: Toyo Boss
4. Title or position: EXEC + ARTISTIZ DIRECTOR
5. Telephone: (651) C44 ISCG E-Mail: toddbossport @Mac.com
6. Briefly describe the noise source and equipment involved: Two Speakers + 2 500-
wasfers will deliver sound for 4 looping 5-minutes
films projected onto Union Depot.
7. Address or legar description of noise source: Front lawn of Union Depot
214 HTUSTO, ST PAUL MN
8. Noise source time of operation: Oct 10 8pm - 10pm; Rain date Oct 11
9. Date(s) during which the variance is requested: Oct 10 2015; rain date Oct 11
10. Describe the steps that will be taken to minimize the noise levels: Spearkers will be
aimed inwards toward audience, and will not be
volumized to reach beyond gressy lawn area.
11. Briefly state reason for seeking variance: Art installation.
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: Date: 7/15/14
5/18/14



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: 07/29/2014

Received From: MOTIONPOEMS INC

225 PORTLAND AVE UNIT 427 MINNEPOLIS MN 55401

Description:

Invoice Details

Invoice Amount

Amount Paid

900398

Noise Variance

\$164.00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card		07/29/2014	\$164.00

8/4/14 Per Todd 5:00pm Todd Boss, date is October 70/4 not 2015