

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

RECEIVED

FEB 13 2015

Sound Level Variance Application

City of Saint Paul Noise Ordinance (Chapter 293)

By: City of St Paul DSI

Note: A public hearing before the Saint Paul Oty Council is required. Application and fee must be received no
fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.
1. Organization/person seeking variance: VISIT SAINT PAUL
2. Mailing Address W/zip code: 175 Kellogg Blud West Suite 502 SAMT PAUL 55107
3. Responsible person: Adam Johnson Title: UP of Marketing
4. Event Name: SAINT PATRICIC'S DAY STREET FESTIVAL
5. Telephone: ((OSI) 726-5403 E-Mail: ayourson Disits aint-parl.com
6. Date(s) during which the variance is requested: 3-14-15
7. Noise source - Time(s) of operation: 2-10:30 cm
- Time(s) of pre-event sound check: \30
8. Address or legal description of Noise source: Live music in street on mobile stage in front of
Eagle St. Brill; DI stage in front of Cossetta's; DI books in front of Tom Reides
9. Sound level requested:
10. Describe the noise source and all equipment involved: Live music on stage will have standard
band's sound system; DJ booths with have standard sound systems
11. Describe the steps that will be taken to minimize the noise levels: Adam Johnson will be on
site and can monitor the noise levels from the three locations
12. State reason for seeking variance: (Eg. music, announcements, construction, etc.)
St. Patrick's Day celebration
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13. 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.
14. Poture completed Application, Ste Diagram, and \$164.00 fee to: CTVOE SAINT DALII
14. Return completed Application, Site Diagram, and \$164.00 fee to: OTY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806
Signature of responsible person:
Date: 1.50portion por contract of the participation
ADAM T. Johnson
MARI I JONISON



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: 02/13/2015

Received From: VISIT SAINT PAUL

175 KELLOGG BLVD W STE 502 ST PAUL MN 55102

Description:

Invoice Details

Invoice Amount

Amount Paid

920526

Noise Variance

\$164.00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card		02/13/2015	\$164.00