

ATT: BARB

DEPARTMENT OF SAFETY AND INSPECTIONS  
Ricardo X. Cervantes, Director



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)

**Note:** A public hearing before the Saint Paul City 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: Emerald Society of MN + LTJ Event LLC
2. Mailing Address w/zip code: PO Box 40245 St Paul, Min. 55104
3. Responsible person: Lisa Cragg/Dave McCarroll: President / President +
4. Event Name: Emerald Society St. Patty's Day fundraiser
5. Telephone: (651) 775-3869 E-Mail: lilicragg@aim.com
6. Date(s) during which the variance is requested: 3/14/15 and 3/17/15
7. Noise source - Time(s) of operation: 12pm - 12pm  
- Time(s) of pre-event sound check: 11am
8. Address or legal description of Noise source: 205 West 7th Street (Rear Parking Lot)
9. Sound level requested: JBL 2 speaker @ 600 watts each JBL Subwoofer 500 watt
10. Describe the noise source and all equipment involved: DJ equipment.  
SIXT JBL Speakers 600 watts each - JBL Subwoofer 500/1000 watts
11. Describe the steps that will be taken to minimize the noise levels: all side of tent will be covered, keeping or minimizing the sound from echoing.
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)  
DJ - music

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. Return completed Application, Site Diagram, and \$164.00 fee to: **CITY OF SAINT PAUL  
DEPARTMENT OF SAFETY AND INSPECTIONS  
375 JACKSON STREET, SUITE 220  
SAINT PAUL, MN 55101-1806**

Signature of responsible person: \_\_\_\_\_

Date: 2/9/15



# Fax

**Date:** 2/9/2015  
**Subject:** Sound Level Variance Application  
**To:** Barb  
**Fax:** 651-266-9124  
**From:** Lisa Cragg  
**Phone:** 651-775-3869

**No. of pages:** 2 (including cover)

**Message:**

Hi Barb,

Following cover is the sound level variance application for our event.

The application fee should be charged to my Visa card provided on the application.

Thanks in advance,

Lisa Cragg