

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)

<u>Note:</u> 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: TWIN CITIES TESTINGL	
2. Mailing Address w/zip code: 314 15 4 130 54 130 55101	
3. Responsible person: Steve Heckler Title	Exemle Director
4. Event Name: THIN CILICS SCZZ FOSTING	
5. Telephone: (612) 227-3104 E-Mail: hspits@msn.com	
6. Date(s) during which the variance is requested: Tine 26 27	
7. Noise source - Time(s) of operation: 6 to 10 pm	
- Time(s) of pre-event sound check: 3 pm	
8. Address or legal description of Noise source:	
9. Sound level requested: Cobb/50ff	
10. Describe the noise source and all equipment involved: 13, 8 band - PA - Amv S	
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11. Describe the steps that will be taken to minimize the noise levels: Will NO+ DO NOY JON d.	
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)	
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<b>13.</b> 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 Patura completed Application City Discours and \$555.00 for	
<b>14.</b> Return completed Application, Site Diagram, and <b>\$164.00 fee</b> to:	CITY OF SAINT PAUL
)	DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220
$Q_{\mathcal{A}}$	SAINT PAUL, MN 55101-1806
Signature of responsible person:	Date: 2/12/15