

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

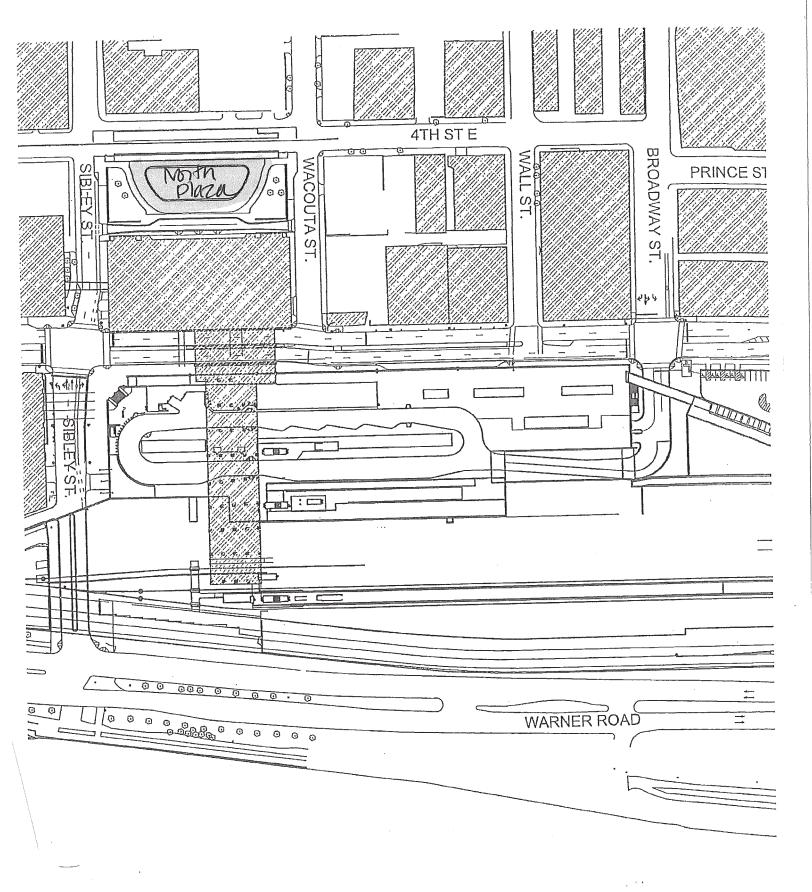
Sound Level Variance Application

Oty 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: <u>UNION Depo-t</u>					
2. Mailing Address w/zip code: 214 & 4th St, Sixte 300, St. Paul, MN SS101					
	: Manketing Manager				
4. Event Name: Welcome to Lowertown					
5. Telephone: (1051) 202-2-702 E-Mail: Lina. Volpe (a am.) 11. com					
6. Date(s) during which the variance is requested: Thursday, May 21, 2015					
7. Noise source - Time(s) of operation: <u>5:00pm - 1:00pm</u>					
- Time(s) of pre-event sound check: <u>4:30pm</u>					
8. Address or legal description of Noise source: North Plana, -214 E 4th Street					
9. Sound level requested:					
10. Describe the noise source and all equipment involved: https://www.ncbe.num.uine	rod marching band and				
11. Describe the steps that will be taken to minimize the noise levels. There will be intermittent					
breaks during the 2 hours - for example play for 15-20 minutes					
and take a short break, play again, tou					
12. State reason for seeking variance: (Eg. music, announcements, construction, etc.)					
Music					
13. Attach site diagram showing location of noise source(s), streets, sta	ages, tents, etc. (If there will be amplified				
sound, indicate location and direction that all speakers will be facing.) N	Multiple locations may require more than one application.				
44 Detum completed Application Sta Discreps and \$464.00 foots.	CTV OF CAINT DALII				
14. Return completed Application, Ste Diagram, and \$164.00 fee to:	OTY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS				
	375 JACKSON STREET, SUITE 220				
4	SAINT PAUL, MN 55101-1806				
Signature of responsible person: Linam. Welpe	Date: 3/27/2015				

Union Depot Site Plan 5.21.15





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: 03/31/2015

Received From: UNION DEPOT

214 4TH ST E ST PAUL MN 55101

Description:

Invoice Details

Invoice Amount

Amount Paid

923940

Noise Variance

\$164.00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Cash		. 03/31/2015	\$164.00