6/2/15 Pd WICK# 6657 &164 00 26

RECEIVED IN D.S.I.

DEPARTMENT OF SAFETY AND INSPECTIONS Ricardo X. Cervantes, Director



CITY OF SAINT PAUL Christopher B. Coleman, Mayor MAY 29 2015

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: Tawfiq Islamic Center	
2. Mailing Address w/zip code: 2400 Minnehaha Ave, Minnepolis,	MN 55404
3. Responsible person: Oumer M Wako Title	e: Executive Director
4. Event Name: Eid-al-Fitr (End of Ramadan Prayer Festival)	
5. Telephone: (612) 588-1160 E-Mail: info@tawfiqic.org	}
6. Date(s) during which the variance is requested: July 17 or 18, 201	5
7. Noise source - Time(s) of operation: Loudpeaker system	
- Time(s) of pre-event sound check: 7:00 am	
8. Address or legal description of Noise source: Oxford Community C	enter
270 North Lexington Parkway North, St Paul, MN 55104	
9. Sound level requested: 80 db	
10. Describe the noise source and all equipment involved: PA and spea	aker
11. Describe the steps that will be taken to minimize the noise levels: Flower the volume.	ace the speaker towards the field and
12. State reason for seeking variance: (E.g. music, announcements, con	struction, etc.)
Because we will use PA soundspeaker system for prayer and to in the stadium or sport playground.	address large audience to be assemble
13 . <u>Attach site diagram</u> showing location of noise source(s), streets, sta	ges, tents, etc. (If there will be amplified
sound, indicate location and direction that all speakers will be facing.) M	ultiple 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:Oumer_ In_ Wake	Date: 05/25/2015



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

ate: 06/02/2015

eceived From: TAWFIQ ISLAMIC CENTER

2400 MINNEHAHA AVE MINNEPOLIS MN 55404

Description:

Invoice Details

Invoice Amount

Amount Paid

928764

Noise Variance

\$164.00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

iid By:

iyment Type	Check#	Received Date	Amount
ieck	6657	06/02/2015	\$164.00