RECEIVED IN D.S.I. Ricardo X. Cervantes, Director

DEPARTMENT OF SAFETY AND INSPECTIONS



CITY OF SAINT PAUL Christopher B. Coleman, Mayor JUL 1 4 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)

Stage, monitoring decibel

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: University of St. Momas
2. Mailing Address W/zip code: 2115 Summit Ave. St. Paul MN S5/05
3. Responsible person: Krysten Edwards Title: ASST. Div. of Campus Life.
4. Event Name: MASIC On the Plaza
5. Telephone: (1851) 962-6134 E-Mail: PAWardky @ St+homas-edu
6. Date(s) during which the variance is requested: September 19,7015
7. Noise source - Time(s) of operation: 1 pm - apm - Concert
- Time(s) of pre-event sound check: Le pm-Sixind Check
8. Address or legal description of Noise source: Thin P. Monahan Plaza Mniversity of St. Thomas
2115 Summit AVY, St. Pany, MN 55105
9. Sound level requested: 85 db at 60 ft.
10. Describe the noise source and all equipment involved: DWADOV CONCERT WITH Stage, lights
and speakers
11 Describe the stens that will be taken to minimize the noise levels: Of (1) 15 hr. Chill Deal man tof

Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no

13. <u>Attach site diagram</u> 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:

12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)

CITY OF SAINT PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806

Signature of responsible person:

Date: <u>U/23//5</u>



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: 07/15/2015

Received From: UNIVERSITY OF ST THOAMS

2115 SUMMIT AVE ST PAUL MN 55105

Description:

Invoice Details

Invoice Amount

Amount Paid

931788

Noise Variance

\$164.00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By: 、

Payment Type	Check #	Received Date	Amount
Check	10313482	07/15/2015	\$164.00

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