Date:_



CITY OF SAINT PAUL Christopher B. Coleman, Mayor

375 Jackson Street, State 220 Saint Paul, Minnesota 55101-1806

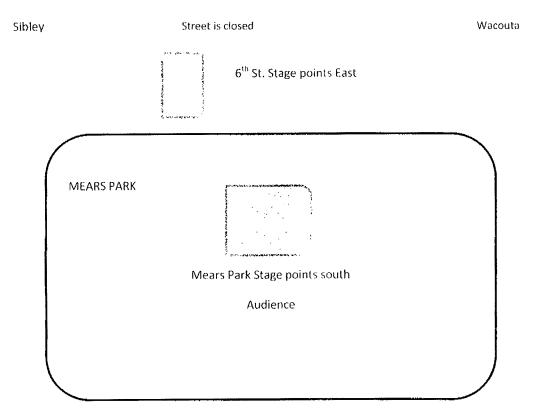
Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

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
the public nearing date that is before the requested Variance start date
1. Organization/person seeking variance: HSR Eyen), c
2. Malling Address w/zip code: 214 E 4/ St #130 St 1201 65101
3. Responsible person: Stere Heavier Title: Director
4. Event Name: Lowerton Blues Festive
5. Telephone: (6A) d273/08 E-Mail: htshits & MSN. (Om
6. Date(s) during which the variance is requested: 1014
7. Noise source - Time(s) of operation: $N \otimes N \neq 0$ $N \otimes N $
- Time(s) of pre-event sound check: A A M
8. Address or legal description of Noise source: Mean Park
9. Sound level requested: 9 2h H 50 feet
10. Describe the noise source and all equipment involved: PA, AMPS
11. Describe the steps that will be taken to minimize the noise levels: UNE Acros System
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.) Fest will
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 \$169.00 fee to: Output DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806

Signature of responsible person:





DSI RECEIPT

CITY OF SAINT PAUL

Department of Safety and Inspections 375 Jackson Street Suite 220 Saint Paul, Minnesota 55101-1806 Phone: (651) 266-9899 Fax (651) 266-9124 www.stpaul.gov/dsi

Date: 04/14/2016

Received From: HSR EVENTS

214 4TH ST E STE 130 ST PAUL MN 55101

Description:

Invoice Details

Invoice Amount

Amount Paid

957166

Noise Variance

\$169.00

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

Payment Type	Check #	Received Date	Amount	٦
Check	1006	04/14/2016	\$169.00	.[