

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

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

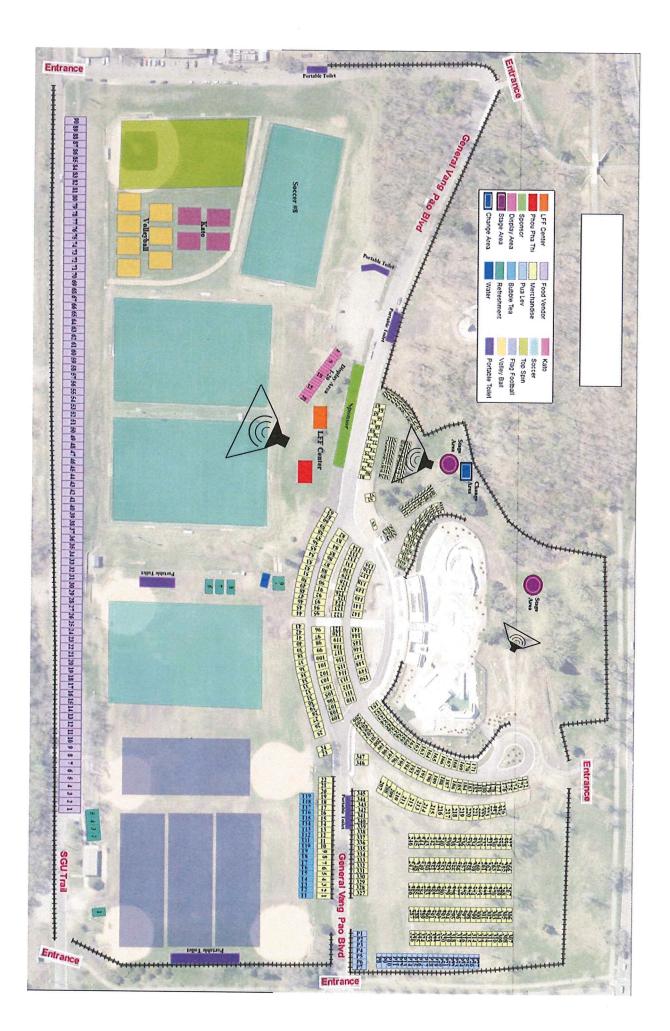
Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

Sound Level Variance Application

City of Saint Paul Noise Ordinance (Chapter 293)

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.

	- variance start date.
1. Organization/person seeking variance: HMONG Tamiles	Foundation Inc
2. Mailing Address w/zip code: 320 1) Nujevsity AUG W	Dect. 61. Day 1. MIN 55103
3. Responsible person: XUE Lee Tit	le:
4. Event Name: 36th Annual Hyovig Freedow	1 Celebratión
5. Telephone: (612) 978-7107 E-Mail 2019 XUP	lee @ guall. Pour
6. Date(s) during which the variance is requested: Tulu 2 and	1392016
7. Noise source - Time(s) of operation: 6:10 cm 2 17:18	Now
- Time(s) of pre-event sound check: 6(6) and	
8. Address or legal description of Noise source:	Murry Frield.
9. Sound level requested:	
10. Describe the noise source and all equipment involved:	· anaunce ment Connext.
Music Dompetition, Music Demostr	ations. Pavade. Eull
Testival Music Equipment.	
11. Describe the steps that will be taken to minimize the noise levels:	Directine all sounds
source loward the event - Away	- from The residential:
12. State reason for seeking variance: (E.g. music, announcements, co	onstruction, etc.)
Usace of full Sound eystem Cour	inupcly for sules 200 3
- of miles	
13. Attach site diagram showing location of noise source(s), streets, s	tages, 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:	CITY OF SAINT PAUL
	DEPARTMENT OF SAFETY AND INSPECTIONS
	375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806
	2 0 1 /
Signature of responsible person:	Date: 5 - 8 6





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: 05/10/2016

Received From: HMONG FAMILY FOUNDATION INC

320 UNIVERSITY AVE W SAINT PAUL MN 55103

Description:

Invoice Details

Invoice Amount

Amount Paid

959122

Noise Variance

\$169.00

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	200777265	05/10/2016	\$200.00