

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

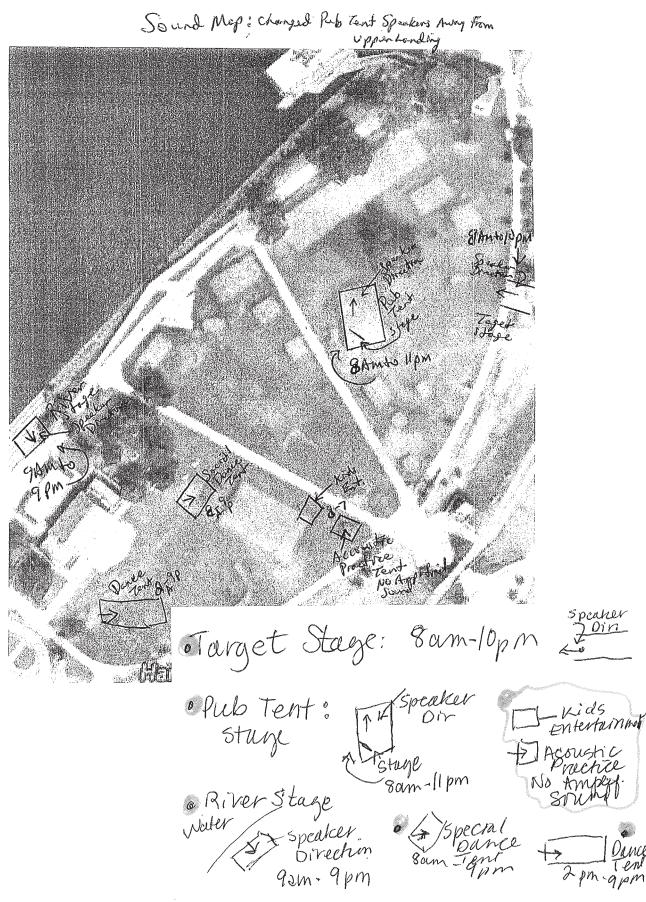
Sound Level Variance Application

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.

1. Organization/person seeking variance: I MS L Fair of MN			
2. Mailing Address w/zip code: 836 North Paror Ave, St. Paul, MN 55104			
3. Responsible person.			
4. Event Name: Irrsh Far of MN			
5. Telephone: (651) 226-6095 E-Mail: director @irishfair.com			
6. Date(s) during which the variance is requested: Thurs 8/11, 6-19m, For 8/12-2pm //p, SA7-8/13-			
7. Noise source - Time(s) of operation: Secabone and arths Line; Sun8/14-8-8pm			
- Time(s) of pre-event sound check: See above			
8. Address or legal description of Noise source: Horrest Island Reg rand Pork			
9. Sound level requested: 100 dbs @ 75 feet			
10. Describe the noise source and all equipment involved: All red Sound Equipment for			
each Stope			
V			
11. Describe the steps that will be taken to minimize the noise levels: The Tents will be Strategically			
Place to reflect sound away from Condos, Speakars adjusted to do same-			
Smiler to 2014 and 2015 - which was Successful.			
) miles to 20/4 and 10/8 - which was successful on etc.) Californal			
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.) Cultural,			
Entertainment - Colebrating Inish Culture and History			
the samplified			
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.			
10. S. Lung and Application. Site Diggram, and \$169.00 fee to: CITY OF SAINT PAUL			
14. Return completed Application, Site Diagram, and \$169.00 fee to: CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS			
375 JACKSON STREET, SUITE 220			
SAINT PAUL, MN 55101-1806			
(/ CAA)			
Signature of responsible person: Date: 6/20/10			
/			

IRISH FAIR OF MN 2016





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: 07/01/2016

Received From: IRISH FAIR OF MN

836 PRIOR AVE SAINT PAUL MN 55104

Description:

Invoice Details

Invoice Amount

Amount Paid

962935

Noise Variance

\$169.00

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	MC0436	07/01/2016	\$169.00