7/21/16 pd 10/0X# 13083 \$169- 2L

RECEIVED IN D.S.I. DEPARTMENT OF SAFETY AND INSPECTIONS Ricardo X, Cervantes, Director



CITY OF SAINT PAUL Christopher B. Coleman, Mayor JUL 2 1 2016 .

375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.sipaul.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: Herb Howe				
2. Malling Address w/zip code: 302 Cesar Chavez &				
3. Responsible person: Herb HoweTitle:	Owner .			
4. Event Name: Cozy Days One and Two				
5. Telephone: (651) 224-0640 E-Mail: X058 Sotoz	123@ Yahn com			
6. Date(s) during which the variance is requested: 8/20/2014	and 9/17/2016			
7 Noise source - Time(s) of operation: 12 - 16 am	,			
- Time(s) of pre-event sound check: During the 8. Address or legal description of Noise source: 202 Cesar (hours of the event.			
8. Address or legal description of Noise source:	havez St.			
9. Sound level requested: 80 decibes				
10. Describe the noise source and all equipment involved: DI music and live band PA				
system.				
11. Describe the steps that will be taken to minimize the noise levels: we won't exceed maximum_				
noise level which is the 80 decibels,				
12. State reason for seeking variance: (E.g. music, announcements, con	struction, etc.)			
For customer appreciation and to a				
Independance Pay				
13. Attach site diagram showing location of noise source(s), streets, sta	ges, tents, etc. (If there will be amplifled			
sound, indicate location and direction that all speakers will be facing.) M				
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			
Signature of responsible person: All Hard	Date: . 5/19/16			

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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: 07/18/2016

Received From: COZY BAR OF ST PAUL MN INC dba: COZY CANTINA

202 CESAR CHAVEZ ST ST PAUL MN 55107-2310

Description:

Invoice Details

Invoice Amount

Amount Paid

963969

Noise Variance

\$169.00

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card		07/18/2016	\$169.00



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: 07/21/2016

Received From: HERB HOWE

202 CESAR CHAVEZ ST ST PAUL MN 55107

Description:

Invoice Details

Invoice Amount

Amount Paid

964305

Noise Variance

\$169.00

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

Payment Type Check

Check #

Received Date

Amount

13083 07/21/2016

\$169.00