RECEIVED IN D.S.I.

DEPARTMENT OF SAFETY AND INSPECTIONS Ricardo X. Cervantes, *Director*

JUL 2 5 2016



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 of the Saint Paul Legislative Code

Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than thirty (30) days prior to the public hearing date that is nearest the variance start date. Public hearings are only held on the first and third Wednesday of each month. Variance start dates must be after the public hearing date.

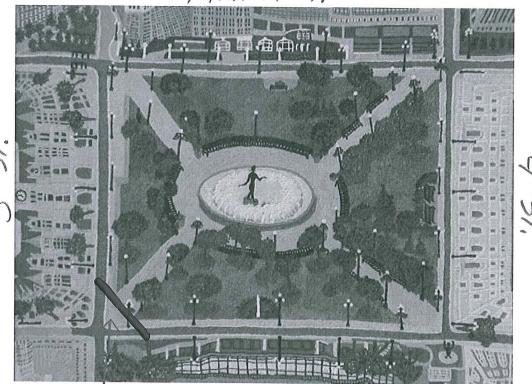
| 1. Organization/person seeking variance: West End Festivals |
|---|
| 2. Mailing Address w/zip code: 1810 Como Ave, ST. Paul, MN. 55108 |
| 3. Responsible person: Linda De Roode |
| 4. Title or position: Director of festivals |
| 5. Telephone: (651) 698-2300 E-Mail: /inda@callfilo.com |
| 6. Briefly describe the noise source and equipment involved: 16×16 Stage with too. |
| continuous entertainment on all 3 days. |
| |
| 7. Address or legal description of noise source: Rice Paric - 109 W 47 57. |
| 51. Paul, MN. 55/02 |
| 8. Noise source time of operation: Sep+ 16 (4-10) - Sep+ 17 (10-10) - Sep+ 18 (10- |
| 9. Date(s) during which the variance is requested: Sept. 16-18, 2016 |
| 10. Describe the steps that will be taken to minimize the noise levels: We are not organing |
| any loud acts mostly clancing, madic, singing etc. |
| |
| 11. Briefly state reason for seeking variance: 57. Paul oktoberfest |
| |
| 12. 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. |
| 13. Return completed Application and \$164.00 fee to: |
| CITY OF SAINT PAUL |
| DEPARTMENT OF SAFETY AND INSPECTIONS |
| 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806 |
| (651) 266-8989 |
| |
| Signature of responsible person: <u>Landa R. DeRoole</u> Date: <u>7-13-16</u> |

AA-ADA-EEO Employer

6/18/14

Saint Paul Oktoberfest At Rice Park September 16, 17 & 18 *Stage faces park.

Market st.



Washington 57.
Stage placementStage facing into the park.



DSI RECEIPT

CITY OF SAINT PAUL

Department of Safety and Inspections 375 Jackson Street Suite 220 Saint Paul, Minnesota 55101-1806 Phone: (651) 266-9889 Fax: (651) 266-9124 www.stpaul.gov/dsi

Date: 07/29/2016

Received From: WEST END FESTIVALS

1810 COMO AVE ST PAUL MN 55108

Description:

Invoice Details

964609

Noise Variance

Invoice Amount

Amount Paid

\$169.00

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

| Payment Type | Check # | Received Date | Amount |
|--------------|-----------|---------------|----------|
| Check | 7520 | 07/29/2016 | \$164.00 |
| Credit Card | VISA 6303 | 07/29/2016 | \$5.00 |

375 JACKSÖN ST STE 220 SAINT PAUL, MN. 55101-1806 651-266-9111

Phone Order

xxxxxxxxxxxx6303

VISA

Entry Method: Manual

Amount:\$

5.00

Tax:

0.00

Total: \$

5.00

07/29/16

08:03:41

Inv #: 000000002

Appr Code: 002632

Apprvd: Online

AVS Code:

CVV2 Code: MATCH M

Customer Copy

THANK YOU!