DEPARTMENT OF SAFETY AND INSPECTIONS Rigardo X. Corventes, Director



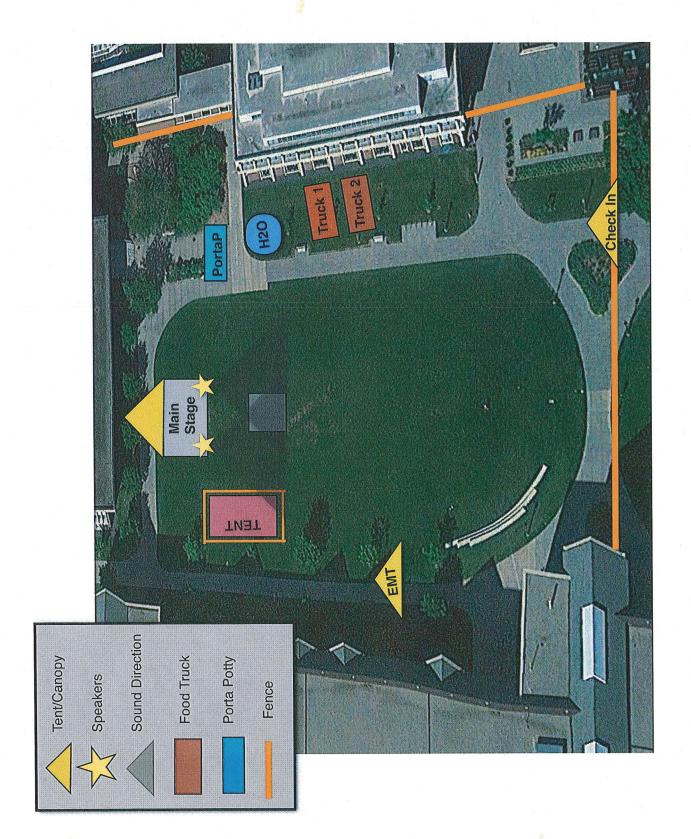
CITY OF SAINT PAUL Christopher B. Coleman, Mayor 375 Jackson Street, Sulte 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.sipaul.gov/dsi

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 i	before the requested Variance start date.

1. Organization/person seeking variance: Macalester College Program Board
2. Malling Address W/zip code: 1600 Grand Avenue Saint Paul, MN 55105
3. Responsible person: Lerren Tyler Title: Student Activities Coordinator
4. Event Name; Springfest
5. Telephone: (651) 696-6702 E-Mall: LTYLEREMACALESTER. EDU
6. Date(s) during which the variance is requested: April 15, 2017
7. Noise source - Time(s) of operation: 3:30 PM - 8:00 PM
- Time(s) of pre-event sound check: 11:00 AM - 3:00 PM
8. Address or legal description of Noise source: 1600 Grand Avenue. Saint Paw, MN 55105
9. Sound level requested: ાટ૦ તેષ્ઠ
10. Describe the noise source and all equipment involved: Concert - Band with sound reinforcement
11. Describe the steps that will be taken to minimize the noise levels; Performance band is under a tent and
Sound source is directed towards campus (not residential housing)
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)
Musical Concert/Festival
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: CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
* Please sall for payment information : 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806
Signature of responsible person: Date: Date:





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: 02/08/2017

Received From: LERREN TYLER dba: MACALESTER COLLEGE PROGRAM BOARD

1600 GRAND AVE ST PAUL MN 55105

Description:

Invoice Details

Invoice Amount

Amount Paid

984213

Noise Variance

\$169.00

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	VISA 0870	02/08/2017	\$169.00

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

Phone Order

xxxxxxxxxxx0870

VISA

Entry Method: Manual

Amount:\$
Tax: \$

169.00

Total: \$

169.00

02/08/17 Inv #: 000000007

13:13:57 Appr Code: 020344

Approvd: Online AVS Code:

CVV2 Code: MATCH M

Customer Copy THANK YOU!