FEB 1 6 2017

DEPARTMENT OF SAFETY AND INSPECTIONS Ricardo X. Cervantes, Director



CITY OF SAINT PAUL Christopher B. Coleman, Mayor

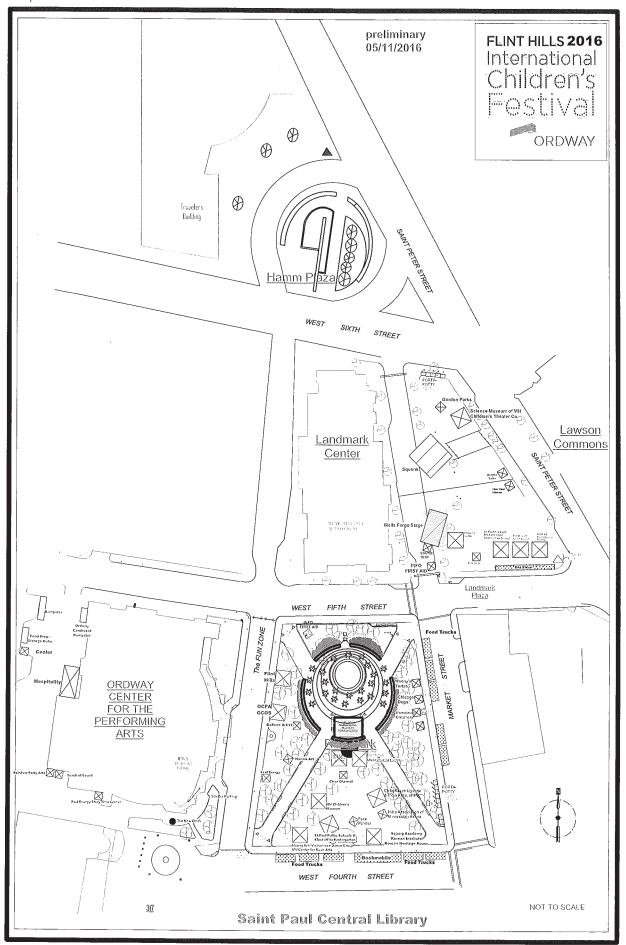
375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsl

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: Ordway Conter					
2. Mailing Address w/zip code: 345 Washington Street					
3. Responsible person: Julia Encison Title: Assistant Production Manager					
4. Event Name: Flint Hills International Children's Fastival					
5. Telephone: (651) 282-3039 E-Mail: jencken so ordulay. as					
6. Date(s) during which the variance is requested: 5/30/2017 - 6/4/2017					
7. Noise source - Time(s) of operation: Tiles - Friday 9:30A -2pm Sat/Sun 10AM - 5pm					
- Time(s) of pre-event sound check: <u>(am</u>					
8. Address or legal description of Noise source: Rice, Park, Landmark, Plaza					
9. Sound level requested: 40 - 110 DBA					
10. Describe the noise source and all equipment involved: Spakers and monitors on both stages					
11. Describe the steps that will be taken to minimize the noise levels: will manter with decibal					
meter. Will have people monitor in audience					
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)					
live bands for the 17 Annual event					
13. <u>Attach site diagram</u> 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.					
44 D. L. C. L. L. L. L. L. L. Cita Dimension and \$4.00 CO for the CITY OF CAINT BALL					
14. Return completed Application, Site Diagram, and \$169.00 fee to: CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTI	ONS				
375 JACKSON STREET, SUITE 220	0,10				
SAINT PAUL, MN 55101-1806					
Signature of responsible person: Juliu X Date: 1/2012017					





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: 02/17/2017

Received From: ORDWAY CENTER FOR THE PERFORMING ARTS

345 WASHINGTON ST ST PAUL MN 55102

Description:

Invoice Details

Invoice Amount

Amount Paid

985091

Noise Variance

\$169.00

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	232138	02/17/2017	\$169.00