

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)

<u>Note:</u> 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.
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1. Organization/person seeking variance:
2. Mailing Address w/zip code: 217 Como AVE ST. PAUL, W 55/03
3. Responsible person: Tour Xiong Title: CONNY MCR
4. Event Name: HUDNGTOWN JESTIVAL
5. Telephone: 612-382-6401 E-Mail: TOURO MONGTOWN MANKS Place. Com
6. Date(s) during which the variance is requested: June 24 & 25 2017.
7. Noise source - Time(s) of operation: 9 AM TO MIDNIGHT
- Time(s) of pre-event sound check: 7 AM
8. Address or legal description of Noise source: 217 Como AVE, 51. PrvL, un 55702
6F
9. Sound level requested:89
10. Briefly describe the hoise source and equipment involved.
PERFORMANCE; Edupment (NOVOLOBO: QUITARS, OKUMS, KOYBOTSEL
FOIDER AMPS, ETC.
11. Describe the steps that will be taken to minimize the noise levels: There will be taken to minimize the noise levels:
DNOFESSIONAL SOUND TECH ODSITE TO MAKE SURE THE
SOUND IS IN COMPLIANCE
12. State reason for seeking variance (E.g. music, announcements, construction, etc.):
LIVE MUSIC CONCERT IN THE EVOLVING AS WELL THROUGHOUT
THE DAY.
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 \$172.00 fee to: CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806
5/7/17
Signature of responsible person: Date:

AREA AFFECTED BY MUSIC SOUND.

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https://www.google.com/maps/place/217+Como+Ave,+St+Paul,+MN+55103/@44.9586212,-93.1098747,410a,35y,39.29t/data=i3m111e3!4m5!3m4!1s0x52b32ab2125a2de3:0xb04867b7f37dd0aai8m2i3d44.9610112!4...



## **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: 05/08/2017

Received From: TOUA XIONG

217 COMO AVE SAINT PAUL MN 55103

Description:

Invoice Details

**Invoice Amount** 

**Amount Paid** 

991578

Noise Variance

\$172.00

\$172.00

**TOTAL AMOUNT PAID:** 

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	3006	05/08/2017	\$172.00