

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

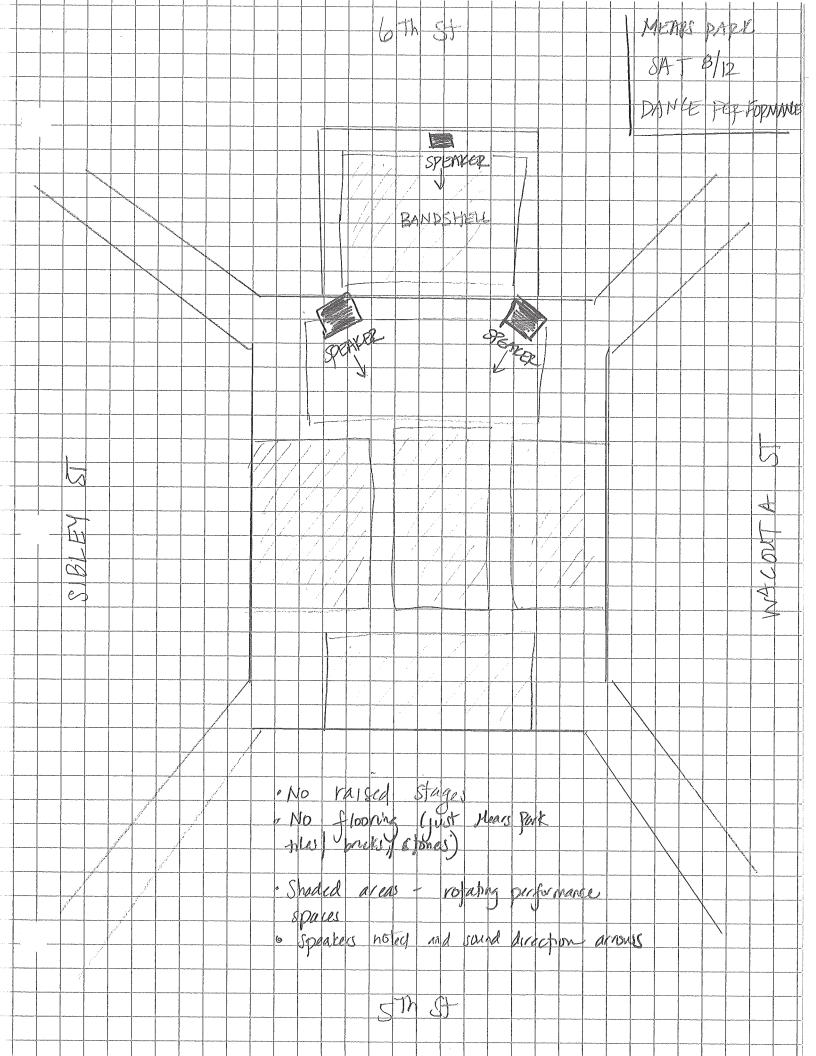
375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

Sound Level Variance Application

City of Saint Paul Noise Ordinance (Chapter 293)

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: KALA VANDANAM LLC	SUCH ITEA SAIRAM			
2. Mailing Address w/zip code: A71 SIBLEY ST, ST PAUL,	MN 5570)			
3. Responsible person: Such TRA SAIRAM Title:				
4. Event Name: UPIN - THE SEADNS - dance performance				
5. Telephone: 651-398-2012 E-Mail: hello a kalavandanam. com				
6. Date(s) during which the variance is requested: 4pm - 4pm				
7. Noise source - Time(s) of operation: 5-7 pm	Sat Au 12			
- Time(s) of pre-event sound check: 4pm	0			
8. Address or legal description of Noise source: Means Park,	dompown A. David			
	,			
9. Sound level requested:BO-BSAB				
10. Briefly describe the noise source and equipment involved: Տուռ	d amplification of music for			
dance performance, speaker system				
11. Describe the steps that will be taken to minimize the noise levels:	monitoring the minimum amplifiation			
regard for both performers and andrews to hear the music adjustments during				
the show as needed Creduced to minimum regular				
12. State reason for seeking variance (E.g. music, announcements, con	,			
performana & PAUL KARBLE (Musica at Mass) w	il be doing the sound it			
Indian classical dance				
13. Attach site diagram showing location of noise source(s), streets, st	tages, tents, etc. (If there will be amplified			
sound, indicate location and direction that all speakers will be facing.)	· · · · · · · · · · · · · · · · · · ·			
14. Return completed Application, Site Diagram, and \$172.00 fee to:	CITY OF SAINT PAUL			
Sound TECH - Paul Faeble EMUSIC at Hears)	DEPARTMENT OF SAFETY AND INSPECTIONS			
which is a first to the control of t	375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806			
	271141 1 VOE' 14114 22 TOT-T000			
Signature of responsible person: Suchitia N Statean	Date: 0年 11 2017			





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: 07/11/2017

Received From: KALA VANDANAM LLC

471 SIBLEY ST SAINT PAUL MN 55101

Description:

Invoice Details

Invoice Amount

Amount Paid

996458

Noise Variance

\$172.00

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	5149	07/11/2017	\$172.00