DEPARTMENT OF SAFETY AND INSPECTIONS Rioardo X. Cervantes, Director



CITY OF SAINT PAUL Christopher B. Colsman, Mayor

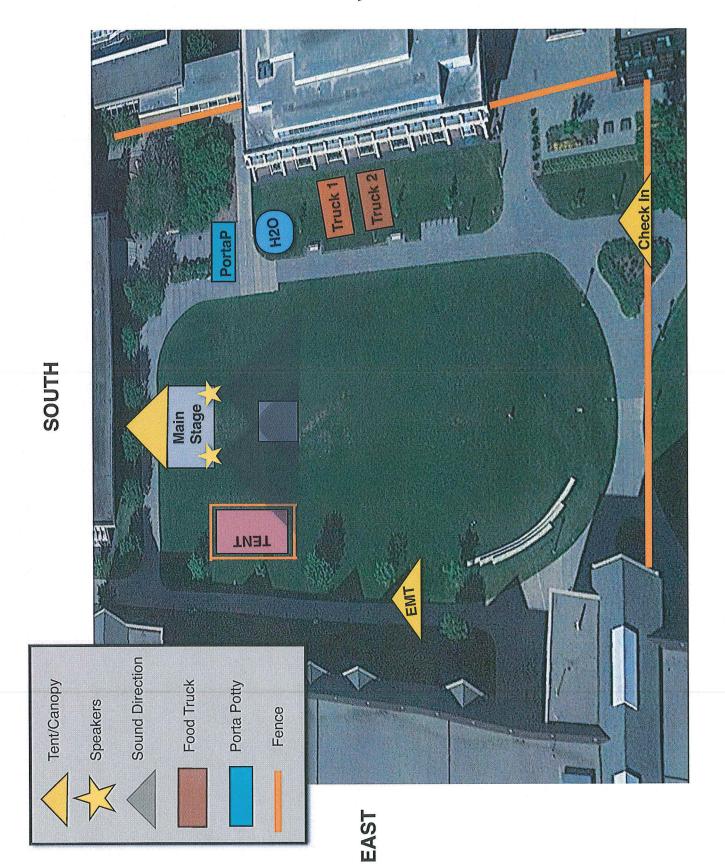
375 Jackson Street, Sulte 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.sipad.gov/dsi

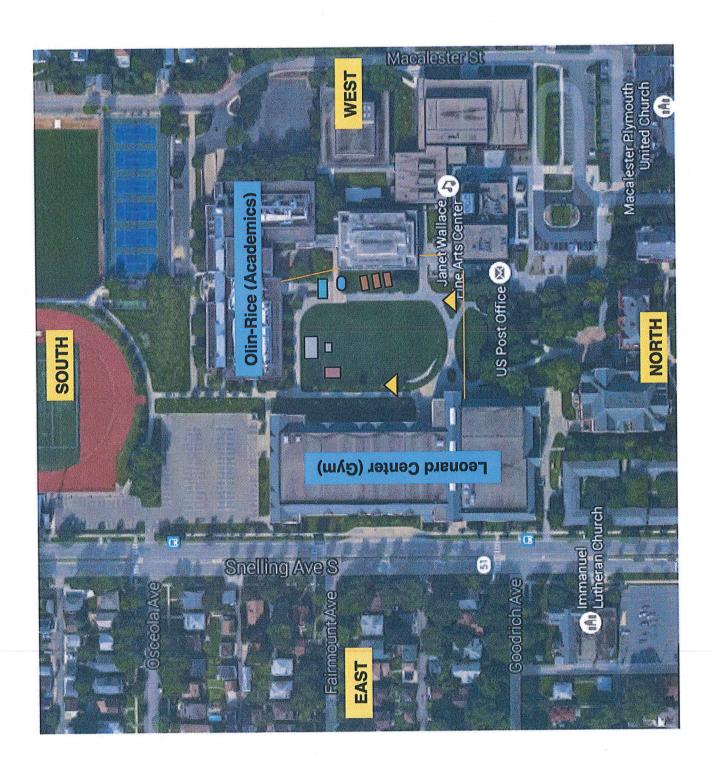
Sound Level Variance Application

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.

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: Lerven Tyler	Student Activities Coordinator
4. Event Name: Springfest	A A A A A A A A A A A A A A A A A A A
5. Telephone: (LSI) 696-6202 E-Mall: LTYLER @ MACALES	TER, EOU
6. Date(s) during which the variance is requested: April 14, 2018	
7. Noise source - Time(s) of operation: 3:00 PM - 8:00 PM	
- Time(s) of pre-event sound check: _ 11:00 AM - 3:00 PA	<u> </u>
8. Address or legal description of Noise source: 1600 Grand Ausnue S	Soint PanLMN 55105
9. Sound level requested: 120 48	Transaction and TV Comments are all transactions and the second an
10. Describe the noise source and all equipment involved: Concert: Band	(5) with sound reinforcement
11. Describe the steps that will be taken to minimize the noise levels: Per	
All sound sources are directed towards the center of campus and amo	y fram residential housing.
12. State reason for seeking variance: (E.g. music, announcements, cons	struction, etc.)
Annual Music Festival	The second secon
13. <u>Attach site diagram</u> showing location of noise source(s), streets, stag sound, indicate location and direction that all speakers will be facing.) Mu	
14. Return completed Application, Site Diagram, and \$169.00 fee to:	CITY OF SAINT PAUL
+ Please call for payment information	DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806
Signature of responsible person:	Date: November 29, 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: 01/04/2018

Received From: MACALESTER COLLEGE

1600 GRAND AVE ST PAUL MN 55105

Description:

Invoice Details

Invoice Amount

Amount Paid

1014013

Noise Variance

\$172.00

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card		01/04/2018	\$172.00