

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

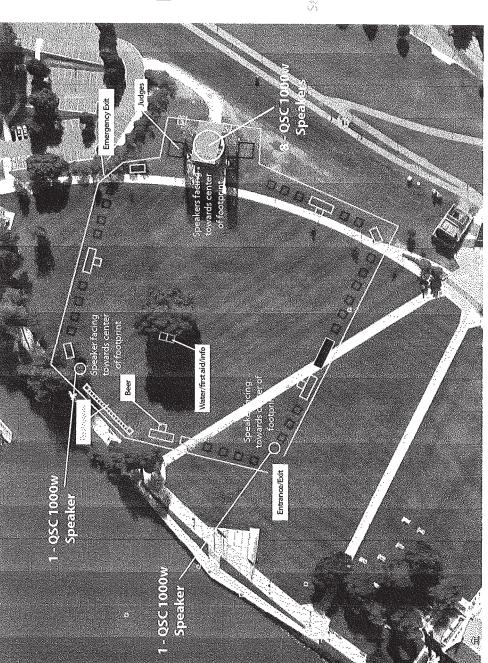
375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

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: Jim Buron Productions,	Inc.			
2. Mailing Address w/zip code: 19 Penniman Ter. Braintree, MA	02184			
3. Responsible person: Jim Buron				
4. Event Name: Twin Cities Burger Battle				
5. Telephone: 651-246-9439	es.buron@gmail.com			
6. Date(s) during which the variance is requested: May 19th, 2018				
7. Noise source - Time(s) of operation: 4:00PM - 8:30PM				
- Time(s) of pre-event sound check: 3:00PM				
8. Address or legal description of Noise source: Harriet Island				
200 Dr. Justus Ohage Blvd, St. Paul, MN 55107				
9. Sound level requested: Measurable below 100db at 100 feet				
10. Briefly describe the noise source and equipment involved:				
Total of 10 QSC 1000 Watt Speakers				
11. Describe the steps that will be taken to minimize the noise levels:				
Audio engineer will do DB level readings from front of house	e and comply with all requests from			
Parks Manager. Engineer has worked this venue many time	es including this same event last year.			
12. State reason for seeking variance (E.g. music, announcements, cor	nstruction, etc.):			
Audio to be used for general announcements, award ceremony and background music during even				
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.)	Multiple locations may require more than one application.			
	are an area and party			
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			
D 4	SAINT PAUL, MN 55101-1806			
\\				
Signature of responsible person:	Date: <u>4/3/2017</u>			



Saturday May 19th Hamethsland St. Paol, MN

www.tcburgerbarde.com MA SULCE

james kuron Øgnesilsom 651-246-9439

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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: 04/19/2018

Received From: JIM BURON

141 4TH ST E UNIT 921 ST PAUL MN 55101

Description:

Invoice Details

Invoice Amount

Amount Paid

1021929

Noise Variance

\$172.00

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	1073	04/19/2018	\$172.00