

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

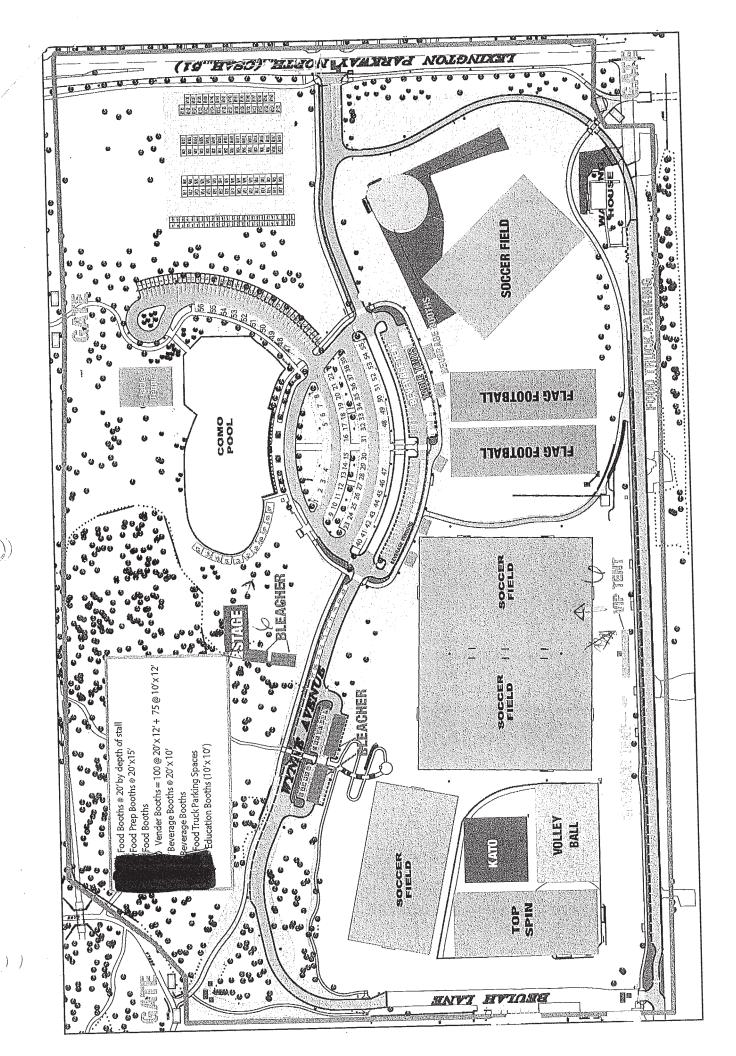
RECEIVED

Sound Level Variance Application

City of Saint Paul Noise Ordinance (Chapter 293)

By: City of St Paul DSI

<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.
2. Mailing Address w/zip code: 2385 Ariel St. North Maplewood MN 55109
3. Responsible person: Joe Vang Title: Co.Chairman
4. Event Name: 38th Annual Hmong intil Freedom Festival
5. Telephone: 6/2 423 4605 E-Mail: Vaj tooj 200 @ yahoo-Com
6. Date(s) during which the variance is requested: June 30th 20/8 - July 1st 20/8
7. Noise source - Time(s) of operation: 0600 - 2100 hrs
- Time(s) of pre-event sound check:
8. Address or legal description of Noise source: 1155 W. Jessamine Aut, McMurray Fields
9. Sound level requested: Same as last year 2017 _ god BA @ 50 Ft
10. Briefly describe the noise source and equipment involved:
amplified sound and music (stages and Vendors)
11. Describe the steps that will be taken to minimize the noise levels:
Direct sound awy from residential neighborhood.
12. State reason for seeking variance (E.g. music, appouncements, construction, etc.):
Using full stage sound system and other entertained
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.
sourd, marcute rocation and an estion that an speakers will be justingly maintiple 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
Signature of responsible person: Date: 5-15-18





DSI RECEIPT

CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street Suite 220
Saint Paul, Minnesola 55101-1806
Phone: (651) 266-8989 Fax; (651) 266-9124
www.slpaul.gov/dsi

Date: 05/15/2018

Received From: UNITED HMONG FAMILY INC dba: HMONG INTERNATIONAL FREEDOM FESTIVAL

2385 ARIEL ST N MAPLEWOOD MN 55109

Description:

Invoice Details

Invoice Amount

Amount Paid

1024013

Noise Variance

\$172.00

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	5687	05/15/2018	\$172.00