

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806

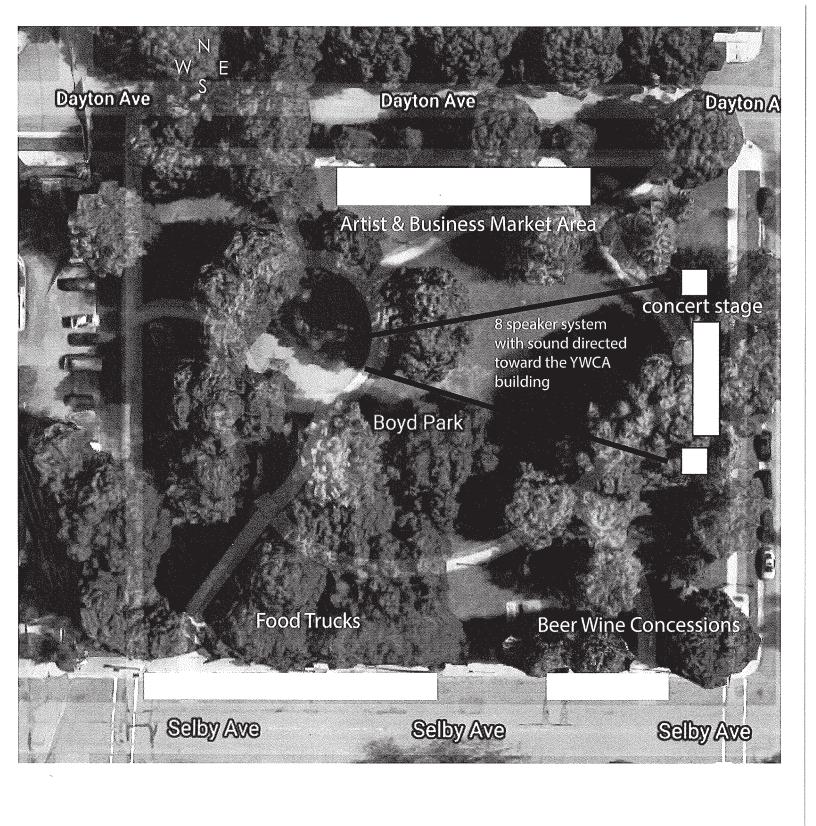
Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

## **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.

1. Organization/person seeking variance: B Horst Productions	5			
2. Mailing Address w/zip code:141 4th Street East #205 St Paul, MN 55101				
3. Responsible person: Brian Horst Title: President				
4. Event Name: Beats in Boyd				
<b>5.</b> Telephone: 651.248.0857	Brian@BHorstProductions.com			
6. Date(s) during which the variance is requested: Fridays 8/10	), 8/17, 8/24, 9/7, 9/14, and 9/21			
7. Noise source - Time(s) of operation: 5pm-9pm				
- Time(s) of pre-event sound check: 4pm-5pm				
8. Address or legal description of Noise source: Boyd Park 33	5 Selby Avenue St Paul, MN 55102			
9. Sound level requested: 90db				
<b>10.</b> Briefly describe the noise source and equipment involved:	Amplified live concert using professional sound stage			
	Transparence and control adming professional country stage			
11. Describe the steps that will be taken to minimize the noise le	evels: Continuous sound meter checks and speakers			
are positioned to crossfire which helps to contain sound in the par				
the businesses (to the west)				
12. State reason for seeking variance (E.g. music, announcement	ts, construction, etc.):			
To provide the sound stage for the 6 free concerts				
13. Attach site diagram showing location of noise source(s), stre	ets, stages, tents, etc. (If there will be amplified			
sound, indicate location and direction that all speakers will be fac				
,	in gry manage received may require more than one appreasion.			
14. Return completed Application, Site Diagram, and \$172.00 fe	e 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: 6/2///8			





## **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: 07/02/2018

Received From: B HORST PRODUCTIONS LLC

61 DALE ST N APT 3 ST PAUL MN 55102

Description:

Invoice Details

Invoice Amount

Amount Paid

1027378

Noise Variance

\$172.00

\$172.00

**TOTAL AMOUNT PAID:** 

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	1112	07/02/2018	\$172.00