

CITY OF SAINT PAUL

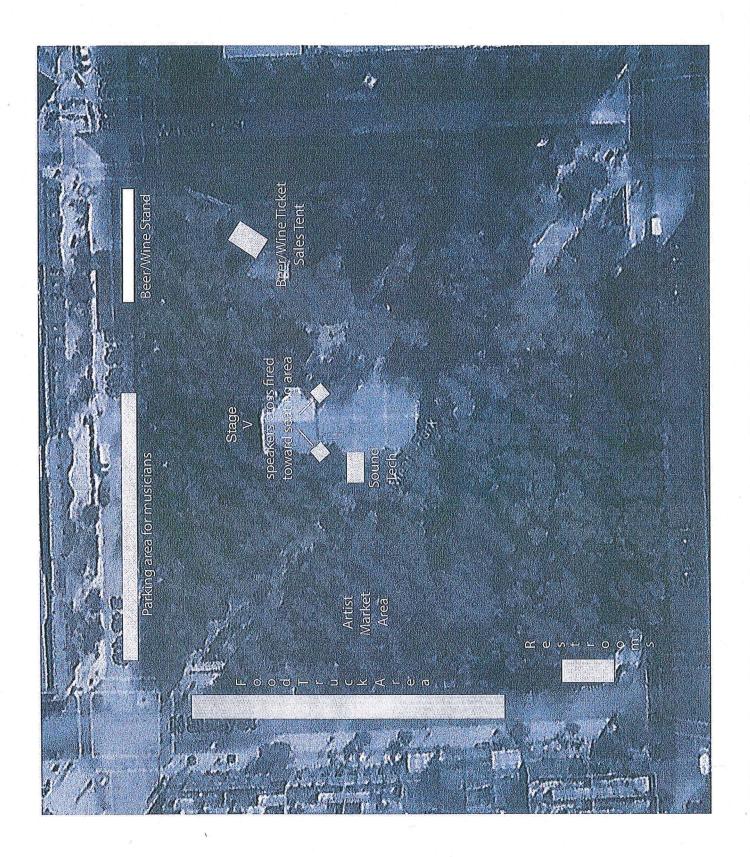
375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

Sound Level Variance Application

City of Saint Paul Noise Ordinance (Chapter 293)

Note: A public hearing before the Saint Paul City Council is required fewer than forty five (45) days prior to the public hearing date that i	
1. Organization/person seeking variance: One Simple Plan	
	OTI FAMO COCT
2. Mailing Address w/zip code: 509 1st Ave NE Ste 2A	Division
3. Responsible person: Clint Roberts	Director
4. Event Name: Music in Mears	
5. Telephone: 612.749.2360	
6. Date(s) during which the variance is requested: Thursday, Septe	ember 27 2018
7. Noise source - Time(s) of operation: 6:30-10pm	
- Time(s) of pre-event sound check: 4:30-5:30	
8. Address or legal description of Noise source: Mears Park 221	5th St E, St Paul, MN 55101
10. Briefly describe the noise source and equipment involved: Amplification11. Describe the steps that will be taken to minimize the noise levels: to crossfire which helps to contain sound in the park seating area.	
12. State reason for seeking variance (E.g. music, announcements, control To provide sound stage for make-up rain-out date for Music in Mean	
13. <u>Attach site diagram</u> showing location of noise source(s), streets, s 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 DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806

Signature of responsible person:





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: 08/16/2018

Received From: ONE SIMPLE PLAN dba: OSP EVENTS LLC

509 1ST AVE NE STE 2A MINNEAPOLIS MN 55413

Description:

Invoice Details

Invoice Amount

Amount Paid

1030387

Noise Variance

\$172.00

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card		08/16/2018	\$172.00