

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 IN D.S.I.

FEB _ 5 2019

Sound Level Variance Application

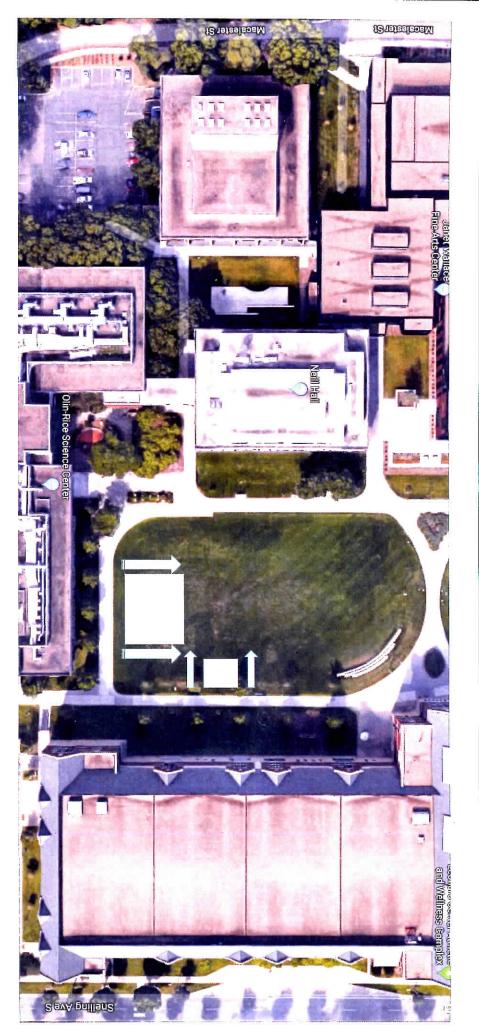
·· 2. Mailing Address w/zip code:_

City of Saint Paul Noise Ordinance (Chapter 293)

	ul City Council is required. Application and fee must be received no public hearing date that is before the requested Variance start date.
1. Organization/person seeking variance:	Macalester College

1600 Grand Ave, St. Paul MN, 55105

3.	Responsible person:_	Logan Schrader		Title: _	Coordinator of Student Programming and Engagement	<u> </u>
	Event Name:	0				L
5.	Telephone: (651)	696-6202	E-Mail: lschrade@m	acalester.edu		<u> </u>
6.	Date(s) during which	the variance is requ	ested: April 13, 201	9		
7.	Noise source - Time(s) of operation:	2:00 PM to 8:00PM			
	- Time(s) of pre-event sound	l check:	11:00 AM	-2:00 PM	
8.	Address or legal desci					
		,				
9.	Sound level requested	/: 120 dB				
). Describe the noise s		nent involved: Conc	ert: Bands with	Sound reinforcement	
	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			:		
-						Γ
11	. Describe the steps to	hat will be taken to I	minimize the noise	levels: Pe	rforming bands are under a tent structure. All sound sources ar	e
	rected toward the center of c					Π
_						Π
17	2. State reason for see	kina variance: (F.g. 1	music. announcem	ents. const	ruction, etc.)	
که مایر	Annual Music Festival	ing variance. <u>Telas.</u>				
	<u> </u>					Γ
					es, tents, etc. (If there will be amplified tiple locations may require more than one application	n.
			,			١.
14	4. Return completed A	pplication, Site Diag	ram, and \$169.00 j	fee to:	CITY OF SAINT PAUL	
	*Please call f	for payment via Credit Ca	ard.		DEPARTMENT OF SAFETY AND INSPECTION	S
	••		. 0	· ·	375 JACKSON STREET, SUITE 220 SAINT PAUL, MIN 55101-1806	
		•	✓ .(December 14, 2018	
Si	gnature of responsible	e person:	$\overline{}$		Date:December 14, 2018	<u> </u>





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: 02/05/2019

Received From: MACALESTER COLLEGE

1600 GRAND AVE ST PAUL MN 55105

Description:

Invoice Details

Invoice Amount

Amount Paid

1048124

Noise Variance

\$172,00

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V6540	02/05/2019	\$172.00