

CITY OF SAINT PAUL

Business Licensing 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-2668989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

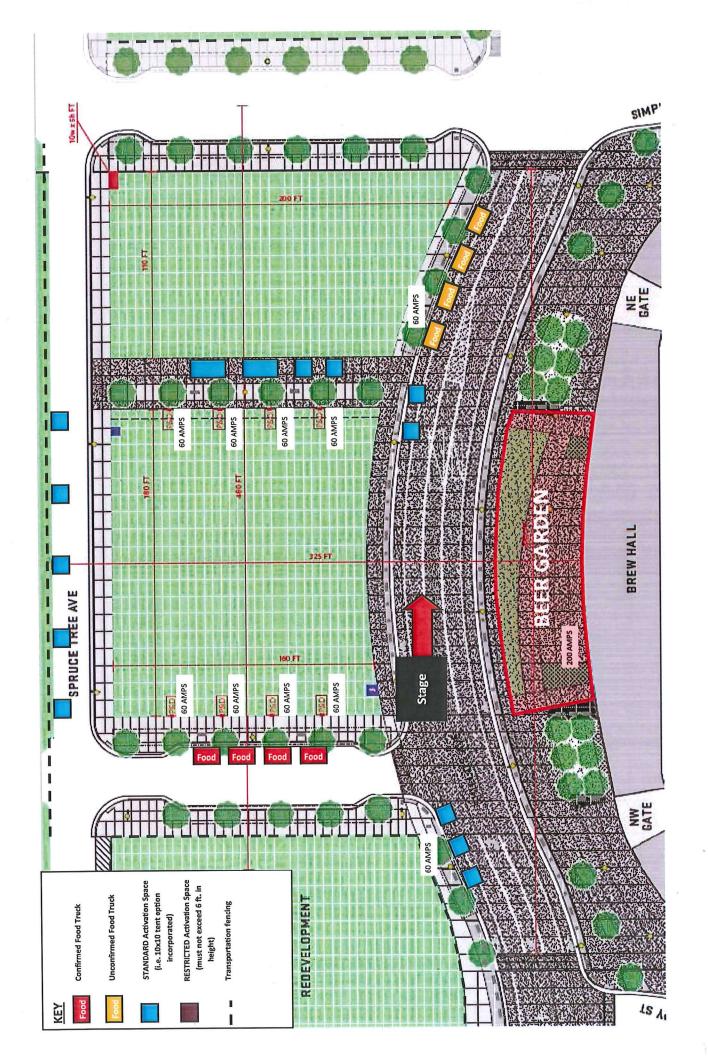
January 2019

# **Sound Level Variance Application**

**Legislative Code Chapter 293. - Noise Regulations** 

Application and \$172 fee payment should be submitted a minimum of sixty (60) days prior to the scheduled event start date. A public notification period is required prior to scheduling the application's Public Hearing before the Saint Paul City Council. Applications received fewer than sixty (60) days prior to the event may not satisfy the ordinance's processing timelines for placement on the Council's agenda.

1. Organization/person seeking variance: Minnesota United FC / Zacharia Litzelswope
2. Event Name: MNUFC vs. Columbus Crew - MLS Game
3. Address and physical description of noise source location (Event, Worksite):
400 Snelling Ave. N, St. Paul, MN 55104 (on Shields Ave facing East)
4. Responsible person: Zacharia Litzelswope Title: Director of Events and Guest Experien
5. Telephone: (763) 258-7048 E-Mail: zacharia l@mnufc.com
6. Date(s) variance requested: 5/18/19
7. Noise source - Time(s) of operation: 4:00 PM - 11:00 PM
- Time(s) of pre-event sound check: 3:00PM
8. Sound level requested (dBA/Decibels): 105 dB
9. Mailing address w/zip code: 400 Snelling Ave N St. Paul, MN 55104
10. Briefly describe the noise source and equipment involved:
Band stage w/ small sound wings and subwooters
11. Describe the steps that will be taken to minimize the noise levels: Directing sound away from residential creas, and focusing the sound to those within 50 of stage.  12. State reason for seeking variance (example - music, announcements, construction, etc.): Band for
pre-game of MNUFC match.
<ul> <li>13. A <u>site diagram &amp; map</u> must be attached 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.     </li> <li>14. Submit completed application, site diagram/map, and \$172.00 fee to:</li> </ul>
CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806
Signature of responsible person:  AA-ADA-EEO Employer  Date: 3 4/18/19





## **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: 04/18/2019

Received From: MINNESOTA UNITED FC

400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details

**Invoice Amount** 

**Amount Paid** 

1052783

Noise Variance

\$172.00

ξ

\$172.00

**TOTAL AMOUNT PAID:** 

\$172.00

### Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V1719	04/18/2019	\$172.00

DSI 375 JACKSON ST STE 220 SAINT PAUL, MN. 55101-1806 651-266-9111

### Sale

xxxxxxxxxx1719

Entry Method: Chip

Amdunt:\$ Tax: \$

172.00 0.00

Total: \$

172.00

04/18/19 Inv #: 000000009 Approd: Online

13:41:25

Appr Code: 083993

VISA CREDIT

AID: A000000003101001 TVR: 00 80 00 80 00

ISI: F8 00

Customer Copy THANK YOU!

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