

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

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: Friends of Robecca Noector				
2.	Event Name: The Great Word 2 BBQ				
3.	Address and physical description of noise source location (Event, Worksite): Parque Castillo				
	(149 Cesar Chanez St.)				
	Responsible person: Magan that Polecca Necker Title: Campaign Havenger Candidate				
5.	Telephone: 651-500-1059 E-Mail: 1ebeccancecter of gravil. com				
	Date(s) variance requested: $8/4/19$				
7.	Noise source - Time(s) of operation: 4-6 PM				
	- Time(s) of pre-event sound check: 3-30 pm				
8.	Sound level requested (dBA/Decibels): 95				
	Mailing address w/zip code:				
10.	10. Briefly describe the noise source and equipment involved: Dowth amps and speakers, micro				
11.	Describe the steps that will be taken to minimize the noise levels: Well angle the speakers away from residences, hold the event Jung the day when noise will blend in with ambient noise, troffer,				
12.	State reason for seeking variance (example - music, announcements, construction, etc.): Music of annoval				
	ment,5				
13.	A <u>site diagram & map</u> must be attached showing location of noise source(s), streets, stages, tents, etc. (If				
thei	re will be amplified sound, indicate location and direction that all speakers will be facing).				
	Multiple locations may require more than one application.				
14.	Submit completed application, site diagram/map, and \$172.00 fee to: RECEIVED IN D.S.L.				
	CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806				
Sign	ature of responsible person: BA 5. Nah Date: C-12-19				

AA-ADA-EEO Employer





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: 06/12/2019

Received From: REBECCA NOECKER

202 MC BOAL ST ST PAUL MN 55102

Description:

Invoice Details Invoice Amount Paid

1056588

Noise Variance \$172.00

TOTAL AMOUNT PAID: \$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	2370	06/12/2019	\$172.00