

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: 06/26/2019

Received From: IMMUNE DEFICIENCY FOUNDATION

110 WEST ROAD STE 300 TOWSON MD 21204

Description:

Invoice Details Invoice Amount Paid

1057508

Noise Variance \$172.00

TOTAL AMOUNT PAID: \$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	21003	06/26/2019	\$172.00

RECEIVED IN D.S.I.

DEPARTMENT OF SAFETY AND INSPECTIONS Ricardo X. Cervantes, Director

JUN 2 0 2019



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. 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 va	riance: Immune Deficiency F	oundation				
2. Mailing Address w/zip code: 1	10 West Road Suite 300 T	owson	MD	21204		
Responsible person: Mary Ann Nation-Greenwall Title: Development Manager Walk for PI						
4. Event Name: IDF Walk for Pri	mary Immunodeficiency- St.	Paul				
Telephone: 443-564-4906 E-Mail: mnationgreenwall@primaryimmune.org						
6. Date(s) during which the variand	ce is requested: Saturday, Oct	ober 5, 2019				
7. Noise source - Time(s) of operat	ion: 8:30am until noon					
· · · · ·	ent sound check: 8:15 am					
8. Address or legal description of N	loise source: Location- Como	Park Pavilio	n (Midway) / no	ise source DJ		
9. Sound level requested:		***				
10. Briefly describe the Noise sourc	ce and equipment involved: <u>Sp</u>	eakers				
11. Describe the steps that will be			e sound, so only	/ IDF guests can		
hear music. Work with park to se	et the tone to level recommer	nded.				
		····				
12. State reason for seeking varian						
We would like to make a few an	nouncements and play music	for this ever	ıt.			
		· · · · ·				
13. <u>Attach site diagram</u> showing lo				• •		
sound, indicate location and direction	on that all speakers will be facin	g.) Multiple locat	ions may require mor	e than one application.		
14. Return completed Application,	Site Diaaram. and \$172.00 fee t	o: CITY OF SA	NINT PAUL			
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		375 JACKS	ON STREET, SUITE	220		
		SAINT PAU	JL, MN 55101-180	5		
Signature of responsible person:	Mary Ann Nation-Green	vall	Date: 5/31/	19		





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