

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

RECEIVED IN D.S.I.

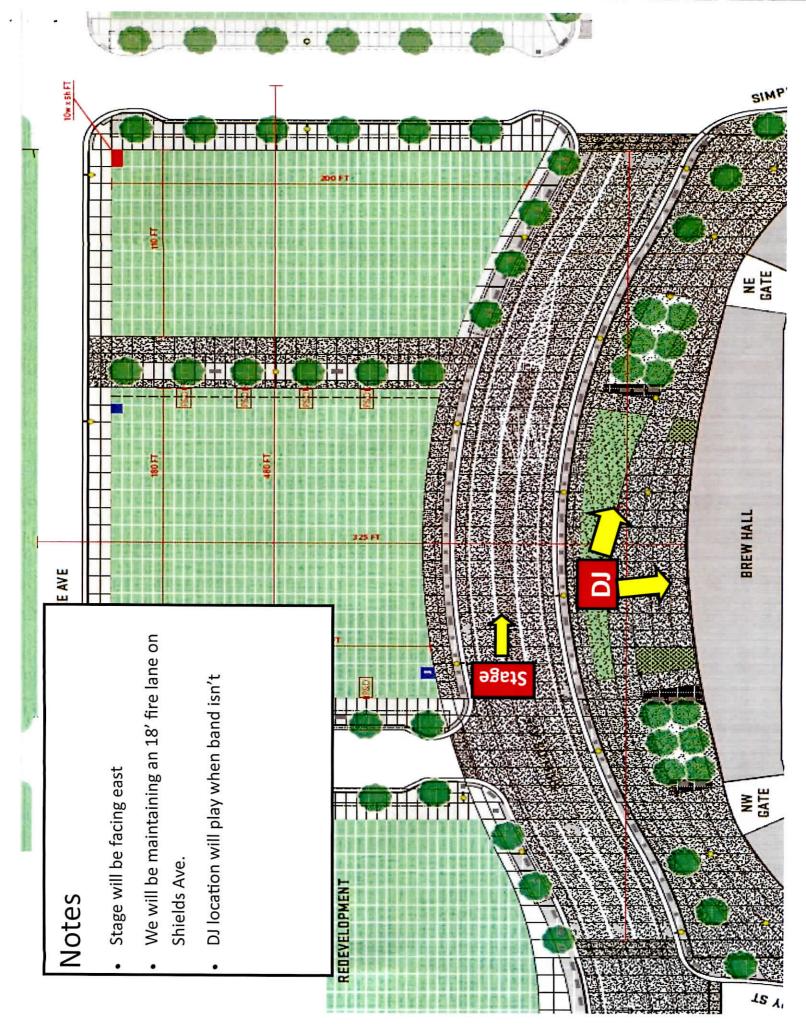
Sound Level Variance Application

JAN 17 2020

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 HC	<u> </u>
2. Event Name: MNUFC VS Son Jose Earthquakes	-
3. Address and physical description of noise source location (Event, Worksite):	
400 Snelling Ave N St. Paul, MN 55/04	
4. Responsible person: Zacharia Litzelswope Title: Director, Events	
5. Telephone: 763 258 7048 E-Mail: Zacharia. (@mnufc.com	-
6. Date(s) variance requested: April 4th	
7. Noise source - Time(s) of operation: 4:30p - 11:30p	
- Time(s) of pre-event sound check: 3:30p	
8. Sound level requested (dBA/Decibels): 95	
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 sound wings	andlo
DJ w/ stand speakers	
11. Describe the steps that will be taken to minimize the noise levels: All noise will be dire	ded
away from residential areas and w/n 50' of source	
12. State reason for seeking variance (example - music, announcements, construction, etc.):	
Mis Game	
13. A <u>site diagram & 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).	10
Multiple locations may require more than one application.	
14. Submit completed application, site diagram/map, and \$172.00 fee to:	
The statement of the state of t	
CITY OF SAINT PAUL	
DEPARTMENT OF SAFETY AND INSPECTIONS	
375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806	
5/ 1 AOL, MIN 55101-1800	
Signature of responsible person:	
AA-ABA-EEO Employer	
Ja:	nuary 2019





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: 01/17/2020

Received From: MINNESOTA UNITED FC

400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details

Invoice Amount

Amount Paid

1076870

Noise Variance

\$860.00

\$860,00

TOTAL AMOUNT PAID:

\$860.00

Paid By:

Payment Type	Check#	Received Date	Amount
Credit Card		01/17/2020	\$860.00