



CITY OF SAINT PAUL

RECEIVED IN D.S.I.

JUL 30 2020

Business Licensing
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 Legislative Code Chapter 293. - Noise Regulations

Application and \$175 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: Mary Schrader
2. Event Name: Schrader/Stillwell Wedding and Reception
3. Address and physical description of noise source location (Event, Worksite): 196 Page St. W., St. Paul MN 55107
4. Responsible person: Mary Schrader Title: Mother of Bride
5. Telephone: 651-788-1471 E-Mail: mas032@comcast.net
6. Date(s) variance requested: Friday October 30 and Saturday October 31, 2020
7. Noise source - Time(s) of operation: Saturday October 31, 3:00-11:00pm
- Time(s) of pre-event sound check: Friday October 30th, 3:00-10:00pm
8. Sound level requested (dBA/Decibels): 65 Spoke to the Applicaint - same times for booth days 3pm to 11pm
9. Mailing address w/zip code: Mary Schrader 1547 Clemson Dr #B, Eagan MN 55122
10. Briefly describe the noise source and equipment involved: laptop and speakers
11. Describe the steps that will be taken to minimize the noise levels: speakers will only be directed into yard, area of the gathering
12. State reason for seeking variance (example - music, announcements, construction, etc.): To provide this information to nieghbors
13. A site diagram & map 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.
14. Submit completed application, site diagram/map, and \$175.00 fee to:

CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806

Signature of responsible person: _____

Date: _____

07/29/2020

196 Page Street West

Music

196

(69)

Tent For Reception

(68)

184

174

(67)

202

(70)

740

(71)

201

(72)

197

(73)

191

(74)

187

(75)

183

(76)

177

(77)

173

(78)

Western Street



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: 08/11/2020

Received From: MARY SCHRADER
1547 CLEMSON DRIVE UNIT B EAGAN MN 55122

Description:

Invoice Details	Invoice Amount	Amount Paid
1089595 Noise Variance	\$175.00	\$175.00
TOTAL AMOUNT PAID:		\$175.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	17835	08/11/2020	\$175.00