



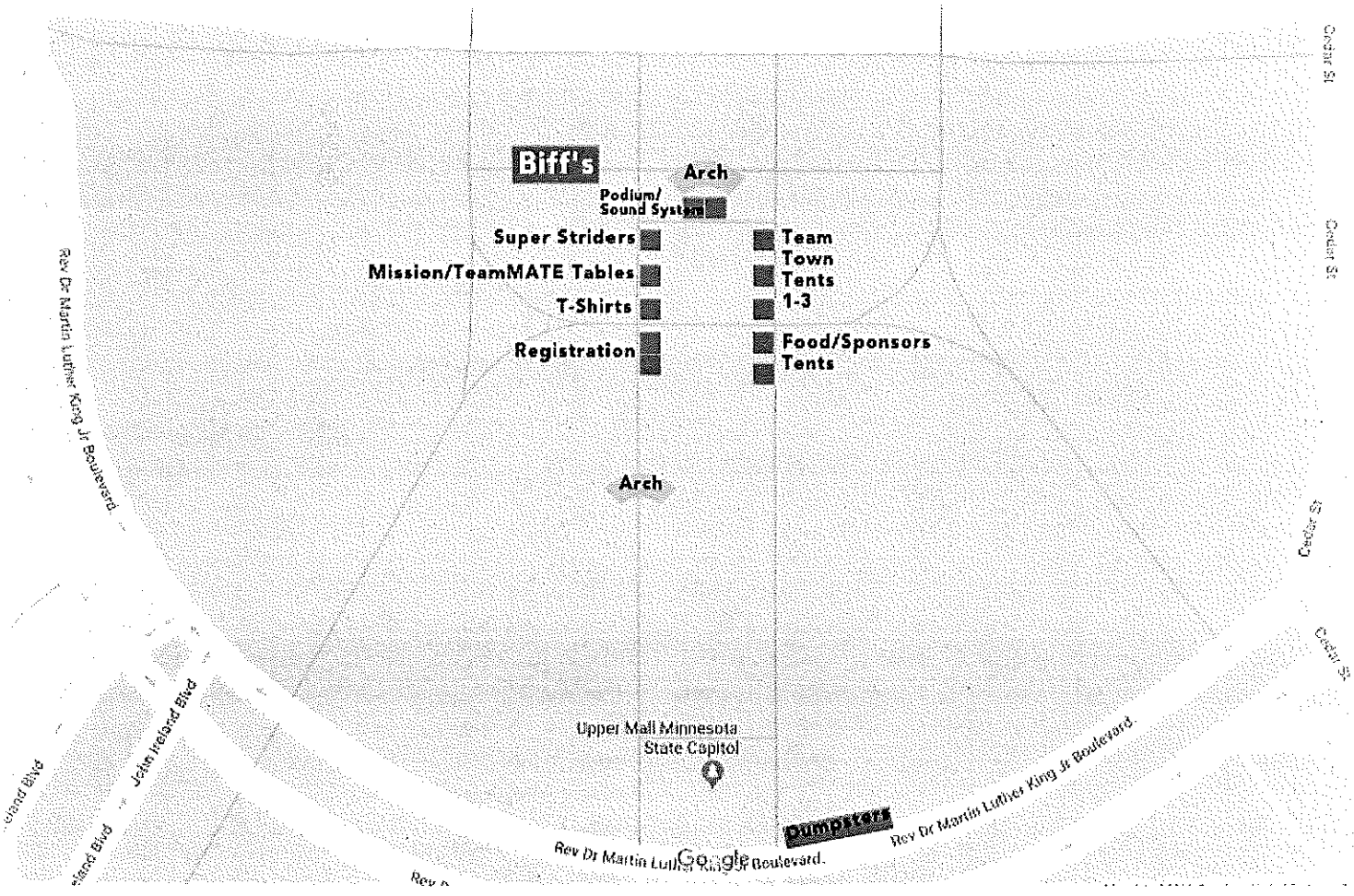
Sound Level Variance Application

Legislative Code Chapter 293. - Noise Regulations Application and \$178 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of the event date may not satisfy the processing timeline requirements.

1. Organization/person seeking variance: Cystic Fibrosis Foundation
2. Event Name: Saint Paul Great Strides
3. Address and physical description of noise source location (Event, Worksite):
Event, State Capitol 75 Rev Dr. Martin Luther King Jr Blvd
4. Responsible person: Joe Schwei Title: Executive Director
5. Telephone: 651-631-3290 E-Mail: jschwei@cff.org
6. Date(s) variance requested: May 22, 2022
7. Noise source - Time(s) of operation: 11:00 am - 2:30 pm
- Time(s) of pre-event sound check: 10:00 am
8. Sound level requested (dBA/Decibels): 87
9. Mailing address w/zip code: 100 N 6th St Suite 604A Minneapolis, MN 55403
10. Briefly describe the noise source and equipment involved: _____
2 speakers and a microphone. will be playing music through speakers and will have announcements
11. Describe the steps that will be taken to minimize the noise levels: _____
Will keep the volume a certain lower level, and will keep verbal announcements brief
12. State reason for seeking variance (example - music, announcements, construction, etc.): Music, announcements
13. Maximum number of attendees: 500
14. 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.)
15. Submit completed application, site diagram/map, and \$178 fee to:
CITY OF SAINT PAUL, DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806

I understand any social gathering associated with this variance must be managed in compliance with any applicable Mayor Carter executive order regarding vaccinations, distancing, masks and attendance limits.

Signature of responsible person: _____ Date: 2/22/22



Map
and a lot of



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: 02/28/2022

Received From: JOE SCHWEI dba: CYSTIC FIBROSIS FOUNDATION
100 6TH ST STE 604A MINNEAPOLIS MN 55403

Description:

Invoice Details

1123140

Noise Variance

Invoice Amount

Amount Paid

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V7332	02/28/2022	\$3.00
Check	1271117	02/28/2022	\$175.00