

DEPARTMENT OF SAFETY AND INSPECTIONS Ricordo X. Cervantes, Director



CITY OF SAINT PAUL

Business Licensing 373 Jackson Street, State 220 Saint Paul, Minnesota 55101-1806 Talaphone: 651-266-8989 Facsimile: 651-266-9124 Web: <u>www.stpaul.gov/dsi</u>

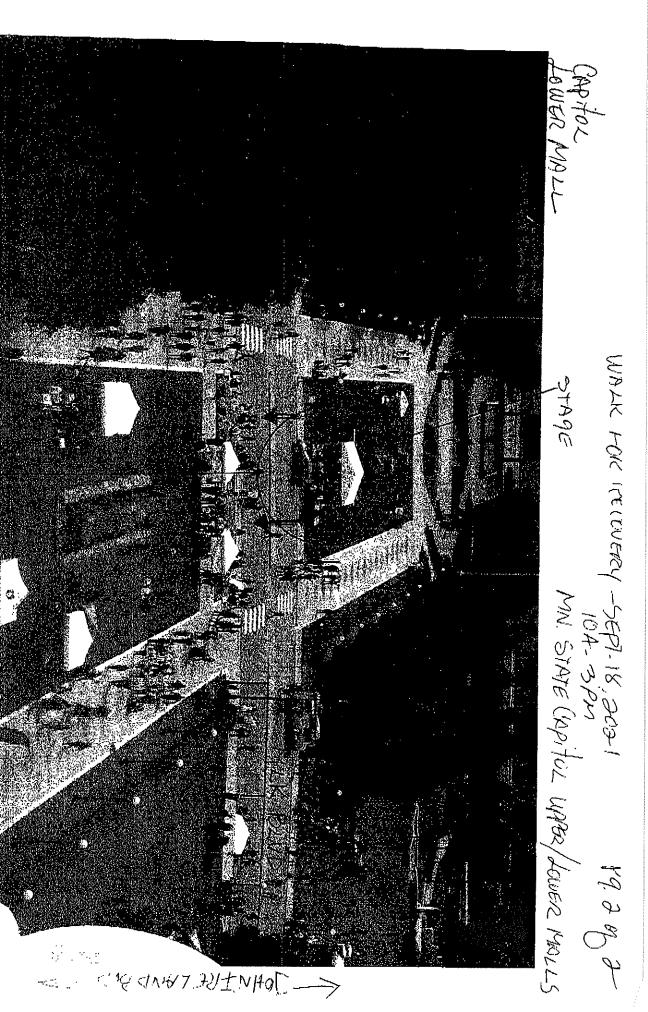
19E1 & Z

Sound Level Variance Application

Legislative Code Chapter 293. - Noise Regulations

Application and \$175 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.

M: 11-c da D- Auga, Canutatradi
1. Organization/person seeking variance: MINNESOLA RECOVERY CONNECTION
2. Event Name: WALK FOR KECOVERY
3. Address and physical description of noise source location (Event, Worksite): STATE (PP 1702 UPER LOWER MOLLS
4. Responsible person: WENDY FRESHMAN Title: EVENT COORDINATOR
5. Telephone: 952-836-4684 (Cell) E-Mail: WENDI. FreShMAN@MINNESOTA-RECOVERY.
6. Date(s) variance requested: SEPT- 18, 2021
7. Noise source - Time(s) of operation: 10A - 3PM
- Time(s) of pre-event sound check:
8. Sound level requested (dBA/Decibels): US-80 KANCE
9. Mailing address W/zip code: 800 TRANSFER ROAD-5-#31, ST. Poul 55114
10. Briefly describe the noise source and equipment involved: 4 PANDS -500 - to 7 PERSON
OKOUP" Electric quitars 6955 ARUMS, 15" power Starkers; MixERS, SHUREMIRS DIS & CABLL
11. Describe the steps that will be taken to minimize the poise levels: SOUND TEST HAS DECIDED METER Y WILL MONTOR LEVELS A) All TIMES FOR EACH SAND
12. State reason for seeking variance (example - music, announcements, construction, etc.):
13. Maximum number of attendees: 3000
14. Describe steps that will be taken to prevent COVID-19 virus spread: HAND ANITIZING STATIONS
ENCOURAGING O' PISTRACE IN OUTDOOR HATTAS
15. 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). Multiple
locations may require more than one application.
16. Submit completed application, site diagram/map, and \$175.00 fee to: CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS 975 JACKSON STREET, SUITE 220 **COUNTER** CASE COUNTER** COUNTER**
SAINT PAUL, MN 55101-1806 GO I MAY WITH Credit CARD STAFF
I understand that any social gathering associated with this variance must be managed in full compliance
with all applicable Governor Walz COVID 19 orders relating to distancing, masks and attendance limits.
Signature of responsible person: Wy 14 202/
AA-ADA EEO Employer
February 2020



CHIND PROJECTED NORTH



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: 07/22/2021

Received From: MINNESOTA RECOVERY CONNECTION

800 TRANSFER ROAD S UNIT 31 ST PAUL MN 55114

Description:

Invoice Details Invoice Amount Paid

1110123

Noise Variance \$175.00

TOTAL AMOUNT PAID: \$175.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V1183	07/22/2021	\$175.00