

CITY OF SAINT PAUL

Business Licensing
375 Jackson Street, Suite 220
Saint Band, Minnesoto 5510 to 18

Telephone: 651-266-8989 Facsimile: 651-266-9124

≈ 75 Jackson Street, Suite 220 Facsimile: 651-266-9124 Saint Paul, Minnesota 5510 ptp of the Data Street

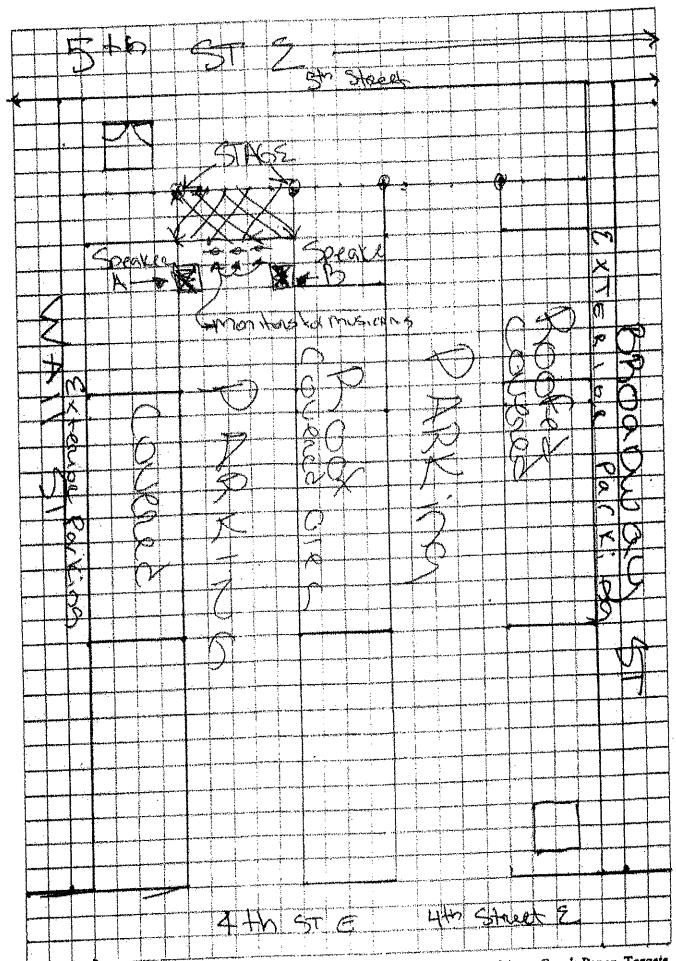
Sound Level Variance Application

JUL 29 2021

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.

| 1. Organization/person seeking variance: Blb Biven Pina | | | |
|--|--|--|--|
| Event Name: Let there be Senow to Phil the Air | | | |
| 3. Address and physical description of noise source location (Event, Worksite): | | | |
| STPal Farmers market | | | |
| 4. Responsible person: Steve Lott Title: Owner Der | | | |
| 5. Telephone: 651-407 4202 E-Mail: Stever bigriverpizz. Com | | | |
| 6. Date(s) variance requested: Sunday 9/26, 10/3 | | | |
| 7. Noise source - Time(s) of operation: | | | |
| - Time(s) of pre-event sound check: $2:\infty pm - 3:00 pm$ | | | |
| 8. Sound level requested (dBA/Decibels): 90 db @ 55 | | | |
| 9. Mailing address w/zip code: 280 5th St & ST Pail. MNSSOL | | | |
| 10. Briefly describe the noise source and equipment involved: Powered P.A. System | | | |
| Less than a speakers no Submolders | | | |
| 11. Describe the steps that will be taken to minimize the noise levels: Vel Sone V & Paos etts Sun a | | | |
| Zgripment to Monitor do | | | |
| 12. State reason for seeking variance (example - music, announcements, construction, etc.): | | | |
| 13. Maximum number of attendees: <u>2500</u> | | | |
| 14. Describe steps that will be taken to prevent COVID-19 virus spread: Follow All State Cut | | | |
| ORDINACES & Best Prostrues - Maintain Sould Distor | | | |
| 15. 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. | | | |
| 16. 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 | | | |
| 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: See 36 Date: 7.22-21 | | | |



Calendar By: WaterproofPaper.com

More Free Printables: Calendars Maps Graph Paper Targets



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: 07/30/2021

Received From: STEVE LOTT dba: BIG RIVER PIZZA INC

280 5TH ST PAUL MN 55101

Description:

Invoice Details

Invoice Amount

Amount Paid

1110275

Noise Variance

\$175.00

\$175.00

TOTAL AMOUNT PAID:

\$175.00

Paid By:

| Payment Type | Check# | Received Date | Amount |
|--------------|--------|---------------|----------|
| Check | 4962 | 07/30/2021 | \$175.00 |