

## CITY OF SAINT PAUL

Business Licensing 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806

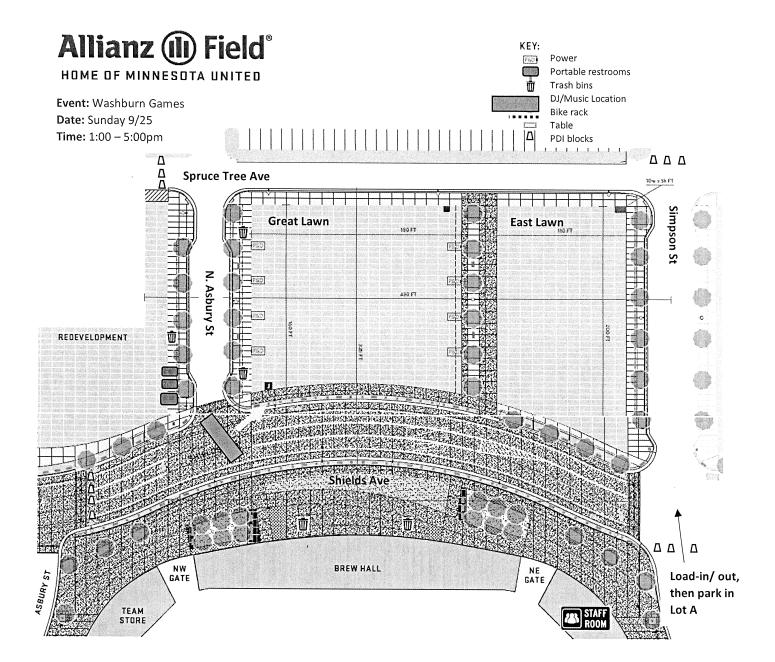
Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

## **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: Allianz	z Field	
2. Event Name: Washburn Games		
3. Address and physical description of noise so		
400 Snelling Ave. North - St. Paul, MN 55104		
4. Responsible person: Zacharia Litzelswope		
5. Telephone: 612-928-6406	E-Mail: zacharia.l@mnufc.com	
6. Date(s) variance requested: Sunday, Septembe		
7. Noise source - Time(s) of operation: 1:00PM -	5:00PM	
	eck: 12:00PM	
8. Sound level requested (dBA/Decibels): 95 dB/		
9. Mailing address w/zip code: 400 Snelling Ave. N	North - St. Paul, MN 55104	
10. Briefly describe the noise source and equipm	nent involved: Small band stage on S	hields Ave. facing the Great
Lawn		
11. Describe the steps that will be taken to minim	mize the noise levels: Every effort v	vill be made to aim speakers away
from residential areas		
12. State reason for seeking variance (example - announcements	music, announcements, construc	ction, etc.): music and
13. Maximum number of attendees: 500		
14. Describe steps that will be taken to prevent well as highly encourage mask wearing for non-vaccinat		
15. A <u>site diagram &amp; map</u> must be attached show		
there will be amplified sound, indicate location		
NOTE: Multiple locations may require m		in be facing).
16. Submit completed application, site diagram/	• •	
CITY OF SAINT PAUL	map, and \$175.00 fee to.	
DEPARTMENT OF SAFETY AND INSPECTIONS		
375 JACKSON STREET, SUITE 220		
SAINT PAUL, MN 55101-1806		
I understand that any social gathering associate applicable Governor Walz COVID-19 orders rela		
Signature of responsible person: <u>Jachar</u>	ia Litzelswope	Date: 07/20/2022
A	A-ADA-EEO Employer	April 2021





## **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: 08/08/2022

Received From: ZACHARIA LITZELSWOPE dba: MINNESOTA UNITED FC

400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details Invoice Amount Amount Paid

1128532

Noise Variance \$178.00

TOTAL AMOUNT PAID: \$178.00

## Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V4511	08/08/2022	\$178.00