

375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

## **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:				
2.	Event Name:				
	Address and physical description of noise source location (Event, Worksite):				
4.	Responsible person:				
5.	Telephone:E-Mail:				
6.	Date(s) variance requested:				
	Noise source - Time(s) of operation:				
	- Time(s) of pre-event sound check:				
8.	Sound level requested (dBA/Decibels):				
9.	Mailing address w/zip code:				
10.	Briefly describe the noise source and equipment involved:				
11.	Describe the steps that will be taken to minimize the noise levels:				
<u> </u>	State reason for seeking variance (example - music, announcements, construction, etc.):				
13.	Maximum number of attendees:				
14.	A <u>site diagram &amp; 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.				
Mu	ltiple 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				
Sigı	nature of responsible person: With Amust				







## **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: 08/19/2022

Received From: AMERICAN FOUNDATION FOR SUICIDE PREVENT

4120 MINNEHAHA AVE MINNEAPOLIS MN 55406

Description:

Invoice Details

**Invoice Amount** 

**Amount Paid** 

1128789

Noise Variance

\$178.00

\$178.00

**TOTAL AMOUNT PAID:** 

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	MC9677	08/19/2022	\$178.00