



## 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.

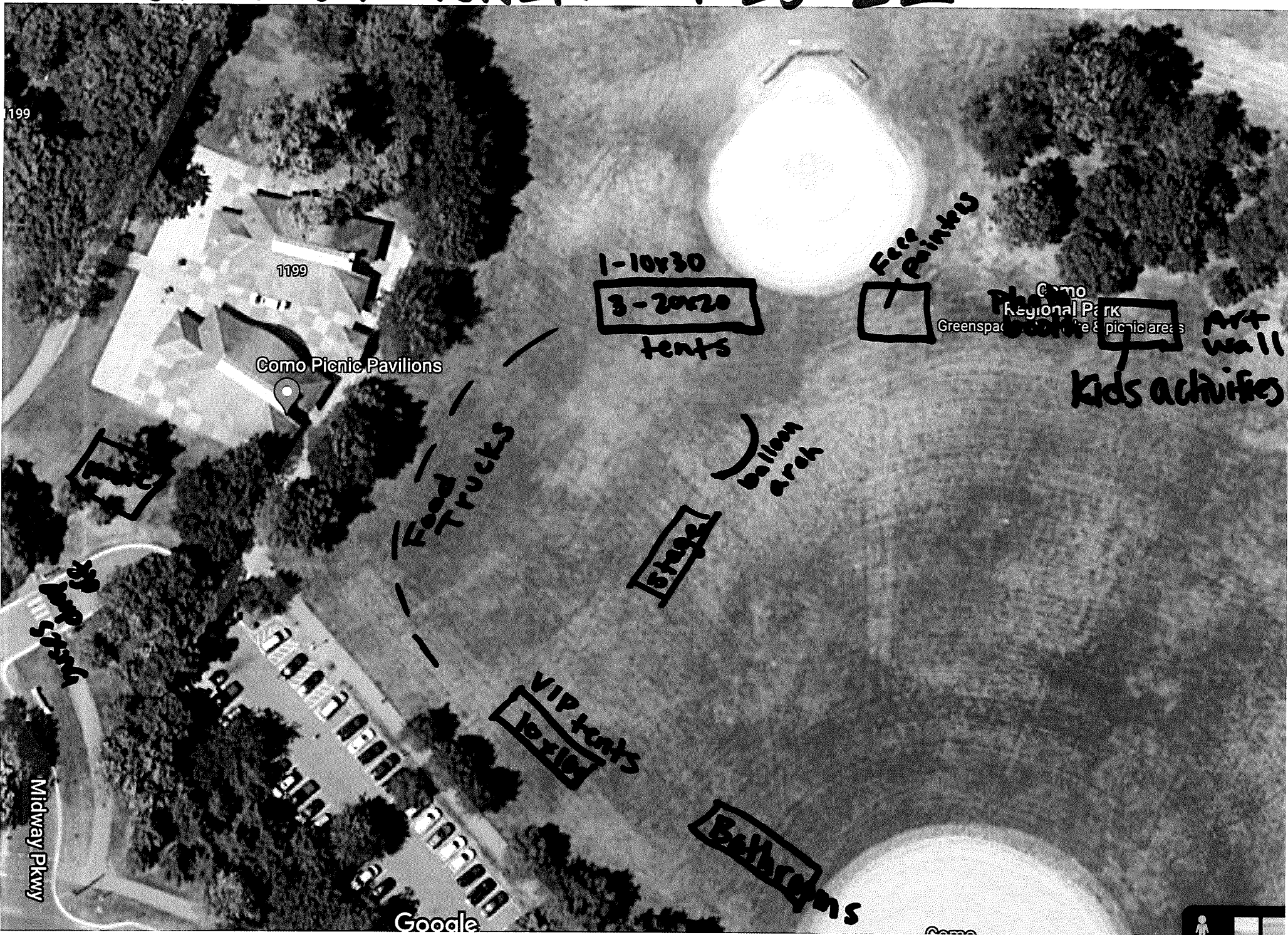
1. Organization/person seeking variance: Down Syndrome Association of MN
2. Event Name: Step Up Walk
3. Address and physical description of noise source location (Event, Worksite): 1199 Midway Parkway St. Paul MN
4. Responsible person: Courtney Schlender Title: Event Coordinator
5. Telephone: 651 341 4314 E-Mail: courtney@dsamn.org
6. Date(s) variance requested: Sunday Sept. 25 2022
7. Noise source - Time(s) of operation: 10 - 3  
- Time(s) of pre-event sound check: 9 am
8. Sound level requested (dBA/Decibels): 90
9. Mailing address w/zip code: 456 Transfer Rd St. Paul MN 55114
10. Briefly describe the noise source and equipment involved: microphone, speakers performance 10-1030, DJ 12-2
11. Describe the steps that will be taken to minimize the noise levels: The music will only reach participants in the pavilion & field area
12. State reason for seeking variance (example - music, announcements, construction, etc.): MUSIC
13. Maximum number of attendees: 3000
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: [Signature]

Date: 7/13/2022

# STEP UP WALK 9-25-22





## 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](http://www.stpaul.gov/dsi)

Date: 07/18/2022

Received From: DOWN SYNDROME ASSOCIATION OF MINNESOTA  
656 TRANSFER ROAD ST PAUL MN 55114

Description:

Invoice Details

1127844

Noise Variance

Invoice Amount

\$178.00

Amount Paid

\$178.00

**TOTAL AMOUNT PAID:**

**\$178.00**

Paid By:

Payment Type	Check #	Received Date	Amount
Check	1173	07/18/2022	\$178.00