

CITY OF SAINT PAUL

Received

FEB 1 4 2022

Business Licensing 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 **Telephone:** 651-266-8989 **Facsimile:** 651-266-9124 **Web:** <u>www.stpaul.gov/dsi</u>

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.

ties Jazz Lestille **1.** Organization/person seeking variance: / WIM 2. Event Name: TWIN CIFIES JAZZ FESTIVA 3. Address and physical description of noise source location (Event, Worksite): Paul **4.** Responsible person: $\Im \mathcal{L}$ Title: 5. Telephone: $(a)/Z^{-1}$ 227-71 E-Mail: 6. Date(s) variance requested: ______ 24th, 25 7. Noise source - Time(s) of operation: $\frac{1}{2}\sqrt{2}$ - Time(s) of pre-event sound check: **8.** Sound level requested (dBA/Decibels): 9. Mailing address w/zip code: P.D. Bix **10.** Briefly describe the noise source and equipment involved: **11.** Describe the steps that will be taken to minimize the noise levels: MONI **12.** State reason for seeking variance (example - music, announcements, construction, etc.): _ FESTIVAL **13.** Maximum number of attendees: $\frac{252D}{2}$ 14. Describe steps that will be taken to prevent COVID-19 virus spread: Follow CDRDrptaloks **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: _

AA-ADA-EEO Employer

Date:





DSI RECEIPT

Date: 02/22/2022

Received From: STEVE HECKLER dba: TWIN CITIES JAZZ FESTIVAL 214 4TH ST UNIT 130 ST PAUL MN 55101

Description:		
Invoice Details	Invoice Amount	Amount Paid
1123057 Noise Variance	\$178.00	\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	10648	02/22/2022	\$175.00
Credit Card	2834	02/22/2022	\$3.00