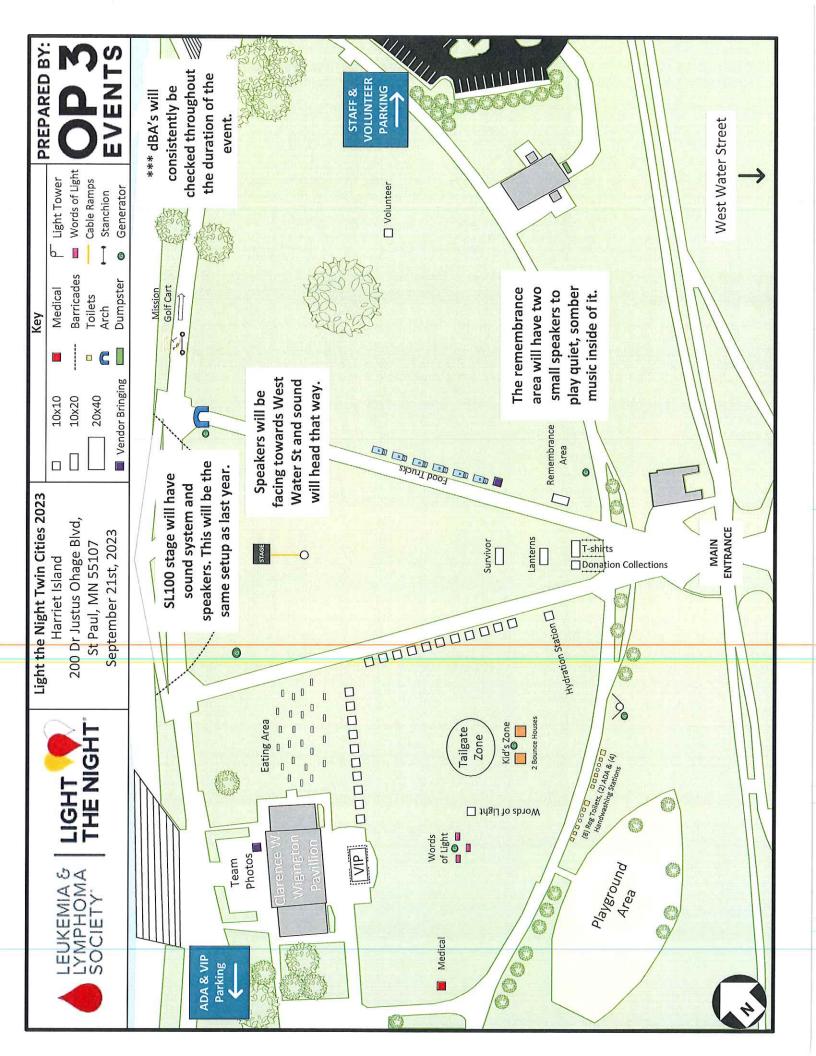


375 Jackson Street, Suite 220 Saint Paul, MN 55101-180 6 Tel: 651-266-8989 | Fax: 651-266-9124

## **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: The Leukemia & Lymphoma Society, Inc.	
	2. Event Name: The Leukemia & Lymphoma Society's Light the Night	
	3. Address and physical description of noise source location (Event, Worksite): Harriet Island-	
	200 Dr Justus Ohage Blvd, St Paul, MN 55107 at event site	
	4. Responsible person: Kortney Hamm Title: Executive Director, Upper Plains	
	5. Telephone: 262-785-424	
	6. Date(s) variance requested: Thursday, September 21st, 2023	
	7. Noise source - Time(s) of operation: 4:00 pm - 9:00 pm	
	- Time(s) of pre-event sound check: 4:00 pm	
	8. Sound level requested (dBA/Decibels): 85 at 50'	
	9. Mailing address w/zip code: 1711 Broadway St NE, Minneapolis, MN 55413	
	10. Briefly describe the noise source and equipment involved: Sound system and speakers for our SL100 stage	
	will be used for our opening ceremony, music will play throughout the event, and small speakers will play quiet music in remembrance area	
	11. Describe the steps that will be taken to minimize the noise levels: I will download the app to measure dBA levels	
on my	hone and consistently make sure the dBA is at the appropriate level. We will also have AV staff there to monitor equipment and levels.	
	12. State reason for seeking variance (example - music, announcements, construction, etc.): Music, announcements & operation of the construction o	ning
	13. Maximum number of attendees: 2000	
	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: This will be paid by card over the phone. CITY OF SAINT PAUL, DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806	
	understand any social gathering associated with this variance must be managed in compliance with any	sit o
	applicable Mayor Carter executive order regarding vaccinations, distancing, masks and attendance limits.	penga
	Signature of responsible person: kortuy HammDate:Date:	





## **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: 07/13/2023

Received From: THE LEUKEMIA & LYMPHOMA SOCIETY

1711 BROADWAY ST NE MINNEPOLIS MN 55413

Description:

**Invoice Details** 

Invoice Amount

**Amount Paid** 

1145806

Noise Variance

\$178.00

\$178.00

**TOTAL AMOUNT PAID:** 

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V4281	07/13/2023	\$178.00