



SAINT PAUL
SAFETY & INSPECTIONS

SLV Inv 1161098

E 5/1

540 Cedar St., St. Paul, MN Attn: Beth

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, DIRECTOR

375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806

Tel: 651-266-8989 | Fax: 651-266-9124

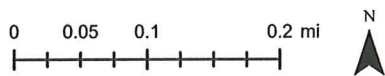
Sound Level Variance Application

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: MN Department of Human Services
2. Event Name: DHS Day at the Park Event
3. Address and physical description of noise source location (Event, Worksite): Phalen Park
4. Responsible person: Deondra Avery Title: Director of Culture, Strategy and Impact
5. Telephone: 612-523-5469 E-Mail: deondra.avery@state.mn.us
6. Date(s) variance requested: August 14, 2024
7. Noise source - Time(s) of operation: 9a.m to 4p.m.
- Time(s) of pre-event sound check: 8a.m.
8. Sound level requested (dBA/Decibels): 127db
9. Mailing address w/zip code: 540 Cedar St., St. Paul, MN Attn: Beth Dansie
10. Briefly describe the noise source and equipment involved: _____
A sound system will provide audio for musical selections and announcements.
11. Describe the steps that will be taken to minimize the noise levels: _____
This is a professional and social learning event that will be properly managed with noise at a minimum.
12. State reason for seeking variance (example - music, announcements, construction, etc.): _____
music and group announcements
13. Maximum number of attendees: 400
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

Signature of responsible person: De Anna Conover Date: 05/01/2024



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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: 07/12/2024

Received From: MN DEPARTMENT OF HUMAN SERVICES
540 CEDAR ST ST PAUL MN 55101

Description:

Invoice Details

1161098

Noise Variance

Invoice Amount

\$178.00

Amount Paid

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	26489792	07/12/2024	\$178.00