



City of Saint Paul - DSI

**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.

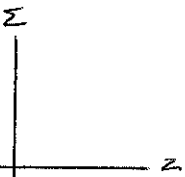
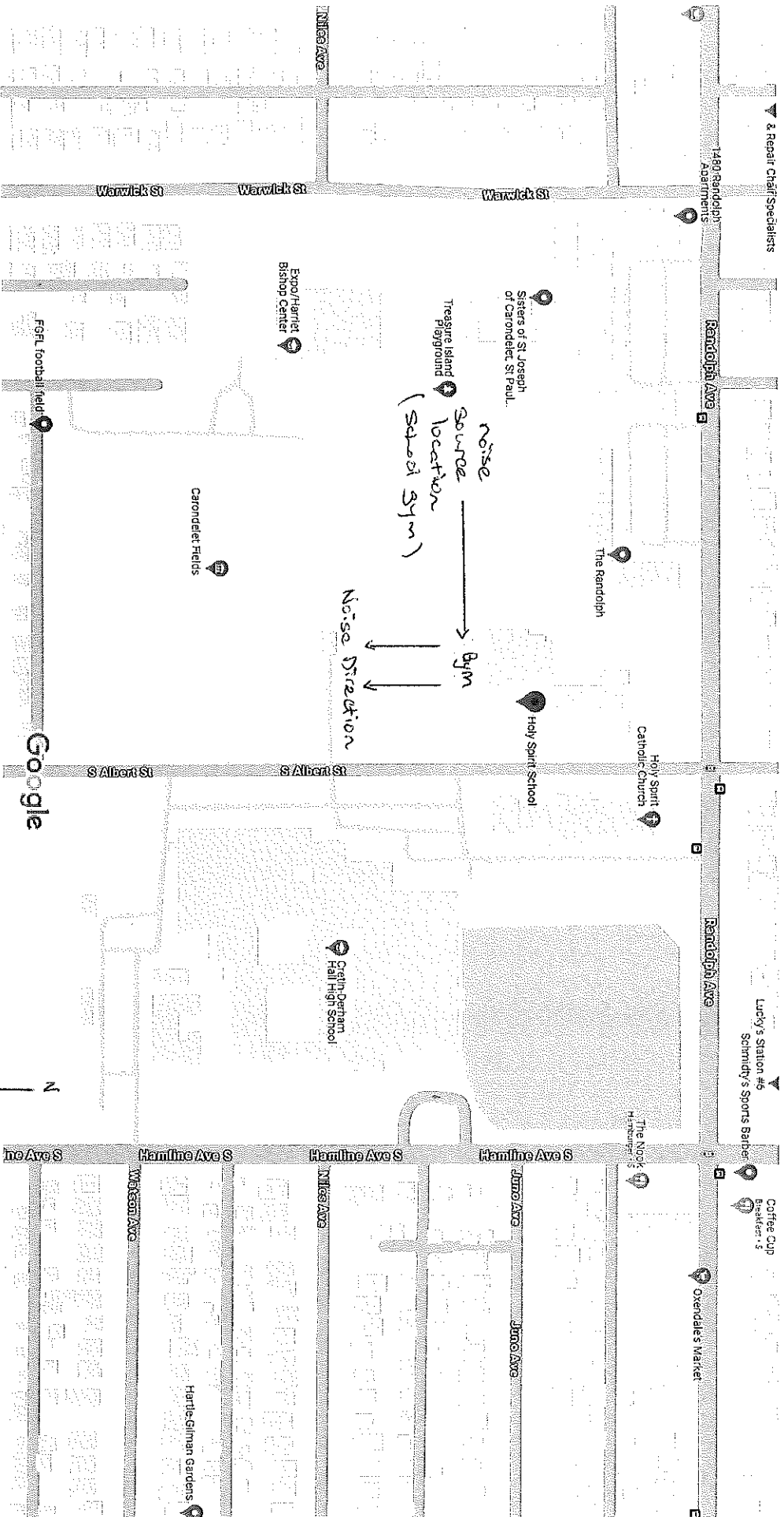
1. Organization/person seeking variance: CHURCH OF THE HOLY SPIRIT
2. Event Name: SPIRIT FEST
3. Address and physical description of noise source location (Event, Worksite): 515 ALBERT ST S, ST. PAUL, MN 55116 - SCHOOL GYMNASIUM - NOISE DIRECTED OUT SOUTH FACING DOORS.
4. Responsible person: JUSTIN CARRICK Title: BUSINESS ADMINISTRATOR
5. Telephone: 651-698-3353 E-Mail: carrickj@holy-spirit.org
6. Date(s) variance requested: SATURDAY, SEPTEMBER 7, 2024
7. Noise source - Time(s) of operation: 5:30PM - 10PM  
- Time(s) of pre-event sound check: 4 PM
8. Sound level requested (dBA/Decibels): 125 dba
9. Mailing address w/zip code: 515 ALBERT ST S, ST. PAUL, MN 55116
10. Briefly describe the noise source and equipment involved: DT SPEAKERS | AMPLIFIERS & MICROPHONES.
11. Describe the steps that will be taken to minimize the noise levels: SPEAKERS | AMPLIFIERS WILL BE SETUP IN GYMNASIUM WITH SOUND DIRECTED SOUTH, HEARD OUT OF SOUTH ENTRANCE DOORS.
12. State reason for seeking variance (example - music, announcements, construction, etc.): MUSIC FOR ATTENDEES
13. Maximum number of attendees: 500
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: \_\_\_\_\_

Date: \_\_\_\_\_

6/5/24



Map data ©2024 Google

100 ft



# 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:** 06/13/2024

**Received From:** CHURCH OF THE HOLY SPIRIT  
515 ALBERT ST S ST PAUL MN 55116

**Description:**

**Invoice Details**

1162041

Noise Variance

**Invoice Amount**

\$178.00

**Amount Paid**

\$178.00

**TOTAL AMOUNT PAID:**

**\$178.00**

**Paid By:**

Payment Type	Check #	Received Date	Amount
Check	39837	06/13/2024	\$178.00