

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: Water Lantern Festival
	Event Name: St Paul Water Lantern Festival
	Address and physical description of noise source location (Event, Worksite):alen Park Beach House (1400 Phalen Dr, St Paul, MN 55106)
4.	Responsible person: Owen Bunderson
	Telephone: (435) 760-5355 E-Mail: owen@waterlanternfestival.com
6.	Date(s) variance requested: 07/27/2024
7.	Noise source - Time(s) of operation: 6PM-10:30PM
	- Time(s) of pre-event sound check: 5PM
8.	Sound level requested (dBA/Decibels): 85 DBA
9.	Mailing address w/zip code: 881 W 700 N ste 102 Logan, UT 84321
10.	Briefly describe the noise source and equipment involved: We will have a sound system set up to play
amı	olified music and announcements throughout Phalen Park.
11.	Describe the steps that will be taken to minimize the noise levels: We will direct the speakers towards
	lake in order to minimize any sound heard by the surrounding neighborhoods
<i>12.</i>	State reason for seeking variance (example - music, announcements, construction, etc.):
Red	corded music and announcements, and a live performer
<i>13</i> .	Maximum number of attendees: 5000
(If t Mu	A <u>site diagram & map</u> must be attached showing location of noise source(s), streets, stages, tents, etc. there will be amplified sound, indicate location and direction that all speakers will be facing). Itiple locations may require more than one application. 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 Please have a DSA Payment Processing Staff member contact me for payment nature of responsible person: Owen Bunderson Date: 6/17/2024
Sigr	nature of responsible person: Owen BundersonDate: 6/17/2024





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: 06/28/2024

Received From: WATER LANTERN FESTIVAL

881 700 N STE 102 LOGAN UT 84321

Description:

Invoice Details

1162361

375 JACKSON ST STE 220 SAINT PAUL, IMN. 55101-18

651-266-9111

SALE

Noise Variance

Invoice Amount

Amount Paid

\$178.00

\$178.00

\$178.00

TOTAL AMOUNT PAID:

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	AM1005	06/28/2024	\$178.00

15:09:26

SVC FEE APPR CODE: 203432

APPR CODE: 182145

Trace: AMEX

Manual CNP

5001********

\$178.00

REF#: 00000010

Batch 标:

06/28/24

APPROVED

All Service Fee inquiries should be directed to Service Fee charged by Elavon that will appear This transaction includes a non-refundable on your credit or debit statement as Elavon 7300 Chapman Hwy Knoxville. TN 37820 800-725-1243 [Elavon-Service Fee]

cust eve@el avon. com NO REFUNDS ALLOWED

THANK YOU

CUSTOMER COPY

SERVICE FEE

TOTAL

AMOUNT