

F-6-17-24

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

375 Jackson Street, Sulte 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

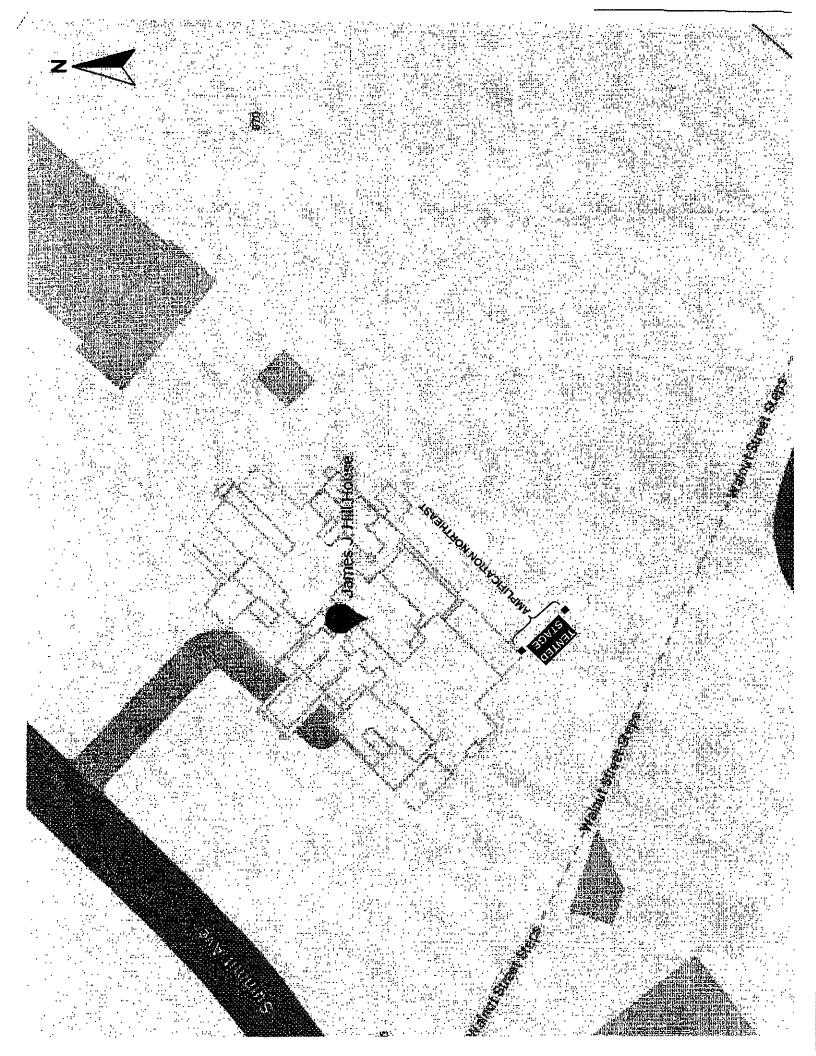
Sound Level Variance Application

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: James J. Hill House				
2 .	Event Name: Heiruspecs Summer Classic				
3. Co	Address and physical description of noise source location (Event, Worksite): 240 Summit Avenue oncert in the backyard				
4.	Responsible person: Gibson Stanton Title: Site Manager				
5,	Telephone: 651-296-9396 E-Mail: gibson.stanton@mnhs.org				
6.	Date(s) variance requested: 8/17/2024				
7.	Voise source - Time(s) of operation: 3:00pm - 10:00pm				
	- Time(s) of pre-event sound check: 1:00pm - 3:00pm				
8.	Sound level requested (dBA/Decibels): 90-100				
<i>9</i> .	Mailing address w/zip code: 240 Summit Avenue, 55102				
10.	Briefly describe the noise source and equipment involved: Live music concert with speaker amplification.				
tow	Describe the steps that will be taken to minimize the noise levels: Sound tech, orientation of stage and freeway and vacant building, house is a buffer to the street				
Sur	State reason for seeking variance (example - music, announcements, construction, etc.):				
13, /	Maximum number of attendees: 500				
Viul	A <u>site diagram & map</u> must be attached showing location of nolse source(s), streets, stages, tents, etc. here will be amplified sound, indicate location and direction that all speakers will be facing). tiple 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				

Signature of responsible person: 7/

Date: 6/14/2024





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: 06/18/2024

Received From: JAMES J HILL HOUSE

240 SUMMIT AVE ST PAUL MN 55102

Description:

Invoice Details

Invoice Amount

Amount Paid

1162153

Noise Variance

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V4413	06/18/2024	\$178.00