

Received

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



SAINT PAUL
SAFETY & INSPECTIONS

JAN 16 2024

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

City of Saint Paul - DSI

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: DBH ST. PAUL, LLC dba St. Paul Saints Baseball Club
2. Event Name: 2024 BALLPARK HOOLEY
3. Address and physical description of noise source location (Event, Worksite): CHS Field, 360 Broadway, St. Paul, MN 55101
4. Responsible person: Tom WHALEY Title: EVP
5. Telephone: (651) 288-9873 E-Mail: twhaley@saintsbaserball.com
6. Date(s) variance requested: March 16, 2024
7. Noise source - Time(s) of operation: 12:00 - 4:00 PM
- Time(s) of pre-event sound check: 11:00am - 12:00 PM
8. Sound level requested (dBA/Decibels): 100 dBA
9. Mailing address w/zip code: CHS Field, 360 Broadway St. Paul, MN 55101
10. Briefly describe the noise source and equipment involved: Sound amplification in support of a musical concert/dance
11. Describe the steps that will be taken to minimize the noise levels: Sound reinforcement will be directed away from residential buildings in order to minimize impact.
12. State reason for seeking variance (example - music, announcements, construction, etc.): It is expected that sound levels (music) will exceed permissible limits.
13. Maximum number of attendees: 3000 estimated
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:

1/5/24



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: 01/18/2024

Received From: TOM WHALEY dba: SAINTS BASEBALL LLC
360 BROADWAY ST ST PAUL MN 55101

Description:

Invoice Details	Invoice Amount	Amount Paid
1157325		
Noise Variance	\$178.00	\$178.00
TOTAL AMOUNT PAID:		\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	10092	01/18/2024	\$178.00