

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:	Organization/person seeking variance: Pancreatic Cancer Action Network c/o Event 360				
2. Event Name: 2024 PurpleStride					
3. Address and physical description of noi 1199 Midway Pkwy, St. Paul, MN 551	se source location (Event, Worksite): Como Midway Pavilion 03				
4. Responsible person: Kayla Leibfried	Title: Event Production Coordinator				
5. Telephone: 872-895-0314	E-Mail: kleibfried@event360.com				
6. Date(s) variance requested: 04/27/202	4				
7. Noise source - Time(s) of operation: 8:00 am - 12:00 pm					
- Time(s) of pre-event sound check: 4/26: 1:00 pm					
8. Sound level requested (dBA/Decibels): 85-95 dcb 50 ft from square					
9. Mailing address w/zip code: 55 E Jackson Blvd Suite 1030 Chicago, IL 60604					
<ul> <li>Briefly describe the noise source and equipment involved: 6 Speaker Line Array Stereo Sound System (JBL VRX's or Equivalent)</li> <li>2 High End and 1 Sub Per Side</li> </ul>					
11. Describe the steps that will be taken to mostly spoken work with announcements	minimize the noise levels: No sound within 1700 ft of residents and pre-recorded music				
12. State reason for seeking variance (examannouncements	mple - music, announcements, construction, etc.): music				
13. Maximum number of attendees: 1225					
<ul> <li>14. A <u>site diagram &amp; map</u> 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).</li> <li>Multiple locations may require more than one application.</li> <li>15. Submit completed application, site diagram/map, and \$178 fee to:</li> </ul>					
CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSP STREET, SUITE 220 SAINT PAUL, MN 55101-1806	ECTIONS 375 JACKSON				
Signature of responsible person: Sharb	Vandermeer Date: 3/7/2024				

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PANCREATIC

**NETWORK** CANCER Action

TAKING STEPS TOGETHER TO END PANCREATIC CANCER

## **MINNESOTA**

Saturday April 27, 202 Como Park: Como Midway Pavilio 1199 Midway Pkwy, St Paul, MN 551



\$1 = \$2 =

10x10 Tent

- No driving on grass other than food trucks Staking permitted





## **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: 03/08/2024

Received From: PANCREATIC CANCER ACTION NETWORK dba: C/O EVENT 360

55 JACKSON BLVD STE 1030 CHICAGO IL 60604

Description:

Invoice Details Invoice Amount Paid

1159042

Noise Variance \$178.00

TOTAL AMOUNT PAID: \$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	AMEX1866	03/08/2024	\$178.00