



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: Saint Paul Pride Festival Ornaized by Ruck B Media LLC
- 2. Event Name: Saint Paul Pride Festival STP Pride Festival
- 3. Address and physical description of noise source location (Event, Worksite):
109 W 4th St, St Paul, MN 55102
- 4. Responsible person: Kyle Rucker Title: Event Organizer
- 5. Telephone: 612 298 6651 E-Mail: ruckbmedia@gmail.com
- 6. Date(s) variance requested: June 10 2023
- 7. Noise source - Time(s) of operation: 10am - 7pm
- Time(s) of pre-event sound check: 8am
- 8. Sound level requested (dBA/Decibels): 95
- 9. Mailing address w/zip code: 6 W 5th Street St. Paul 55102 #300F
- 10. Briefly describe the noise source and equipment involved: We using a 20 x 15 pop up stage. EMI Audio

11. Describe the steps that will be taken to minimize the noise levels: _____

monitors dBA-actively

12. State reason for seeking variance (example - music, announcements, construction, etc.): Music

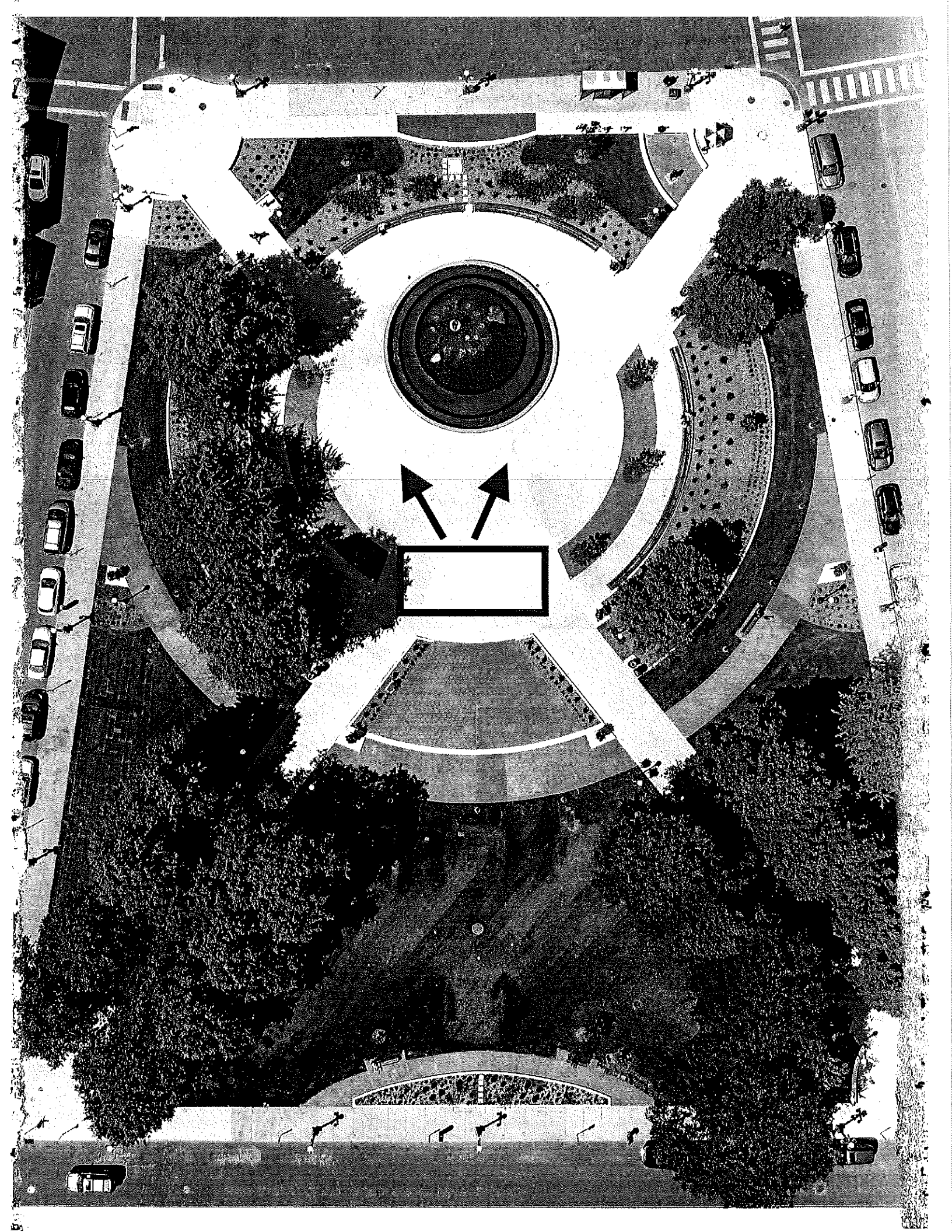
13. Maximum number of attendees: 500

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

Understand any other order associated with this variance must be managed in compliance with any applicable Mayor's order regarding vaccinations, distancing, masks and attendance limits.

Signature of Applicant: _____ Date: 04/24/23





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: 05/08/2023

Received From: ST PAUL PRIDE FESTIVAL
6 5TH ST W UNIT 300F ST PAUL MN 55102

Description:

Invoice Details

1143945

Noise Variance

Invoice Amount

\$178.00

Amount Paid

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V9710	05/08/2023	\$178.00