



SAINT PAUL
SAFETY & INSPECTIONS

Received

MAR 26 2024

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

City of Saint Paul - DSI

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: Rondo Days LLC
2. Event Name: Rondo Days 40
3. Address and physical description of noise source location (Event, Worksite):
271 Mackubin St, St. Paul, MN 55102
4. Responsible person: Nick Muhammad Title: Entertainment Chair (Board M)
5. Telephone: 561-577-9054 E-Mail: Nickam78@gmail.com
6. Date(s) variance requested: July 20th, 2024
7. Noise source - Time(s) of operation: 12am-7pm
- Time(s) of pre-event sound check: 10am-11:30am
8. Sound level requested (dBA/Decibels): 70-105dba (approximately)
9. Mailing address w/zip code: 171 Front Ave, Saint Paul, MN 55117
10. Briefly describe the noise source and equipment involved: Sound stage, Speakers, Bands and performers.
11. Describe the steps that will be taken to minimize the noise levels: _____
We will be facing the stage towards the park and MLK Center.
12. State reason for seeking variance (example - music, announcements, construction, etc.): _____
Rondo Days 40 celebration. This is a public festival that has been in the area for 40 years.
13. Maximum number of attendees: 2000
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

561-577-9054

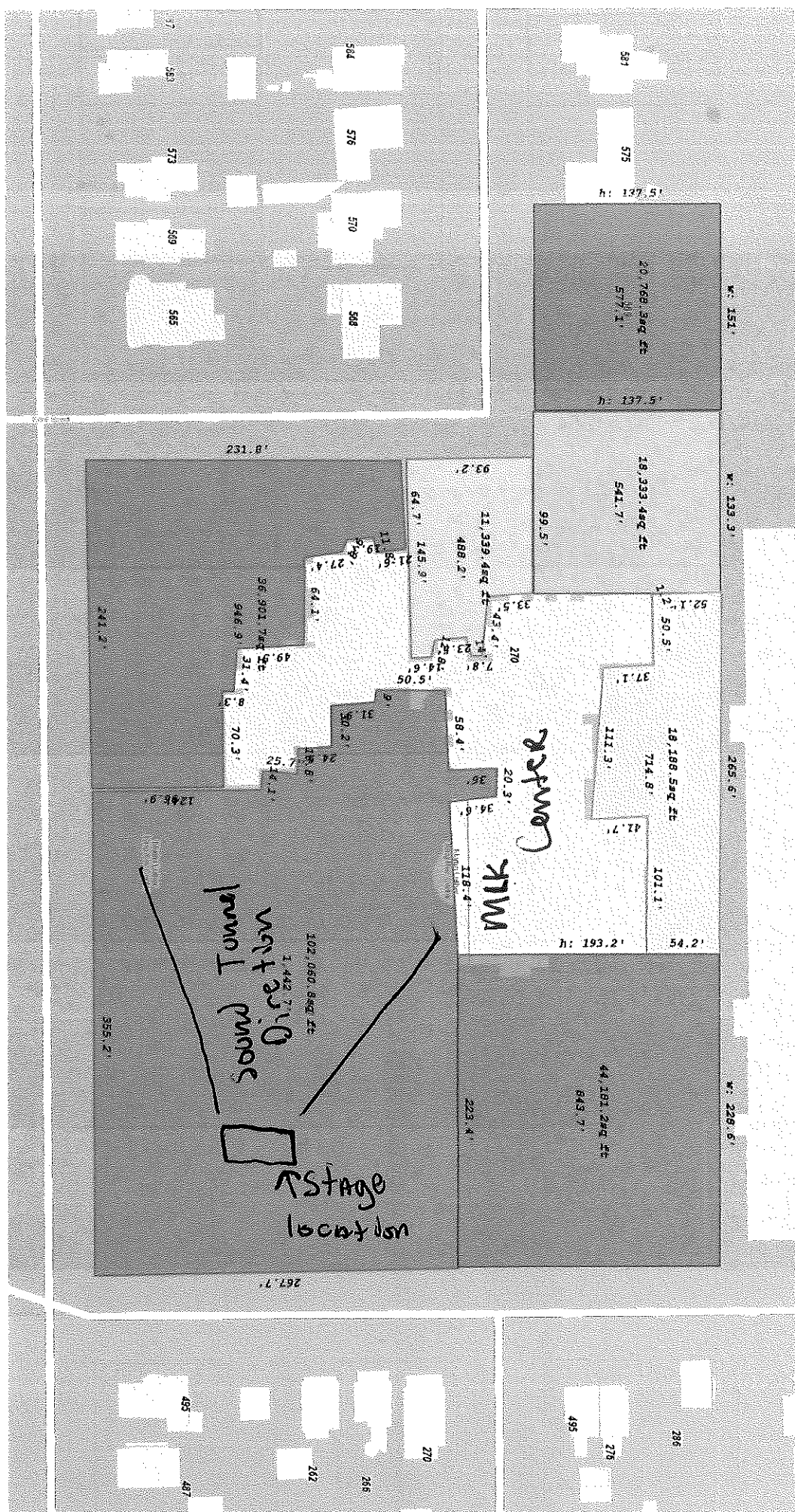
Call for payment
MR. Muhammad

Signature of responsible person: _____

Date: 3-26-2024











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: 03/27/2024

Received From: RONDO DAYS LLC
171 FRONT AVE ST PAUL MN 55117

Description:

Invoice Details

1159443

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	MC6504	03/27/2024	\$178.00

