



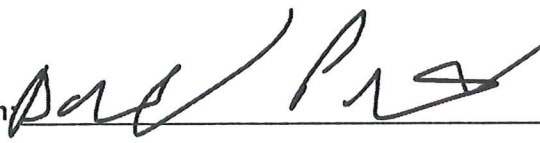
E 8/1

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: High Society Ink. LLC
2. Event Name: Capital City Fest
3. Address and physical description of noise source location (Event, Worksite): _____
425 Rice St. St. Paul, MN 55103
4. Responsible person: David Powell Title: Organizer
5. Telephone: 651-434-9948 E-Mail: depthboy@gmail.com
6. Date(s) variance requested: 9-21-2024
7. Noise source - Time(s) of operation: 12pm-7pm
- Time(s) of pre-event sound check: 10am
8. Sound level requested (dBA/Decibels): 70db 95db
9. Mailing address w/zip code: 3449 Arcade St. St. Paul, MN 55127
10. Briefly describe the noise source and equipment involved: music stage amplifiers and PA system
11. Describe the steps that will be taken to minimize the noise levels: controlled volume levels
12. State reason for seeking variance (example - music, announcements, construction, etc.): _____
music performance and wrestling PA system
13. Maximum number of attendees: 3,000
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: _____

D. 5th St

W. 10th St

Restroom

Garage show

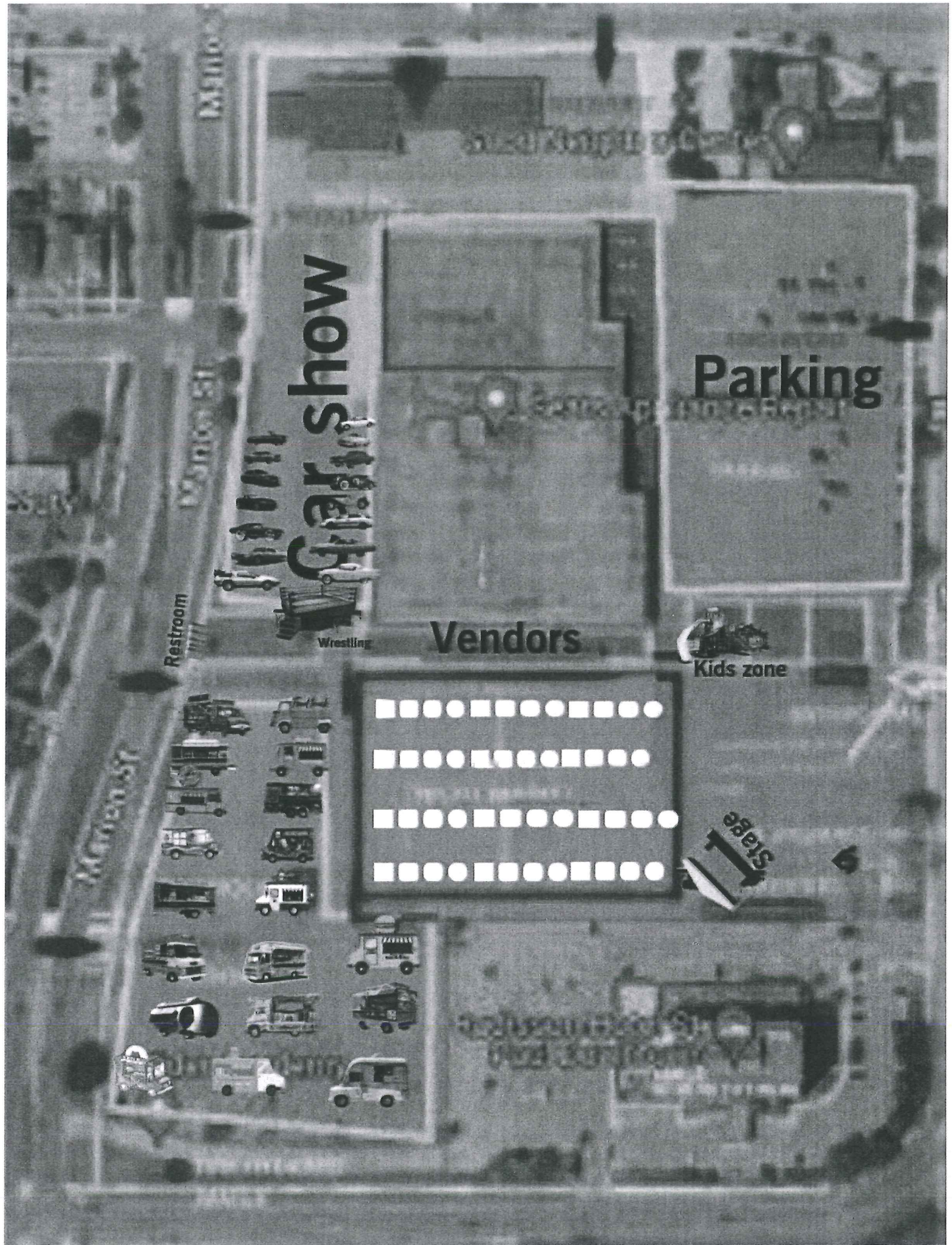
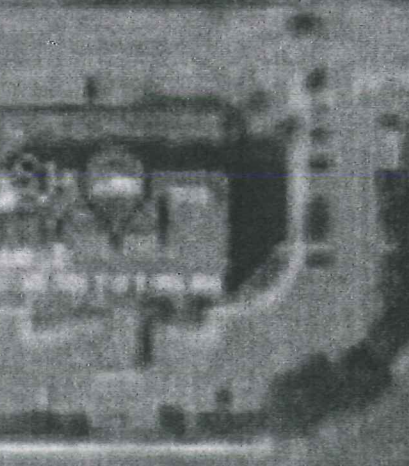
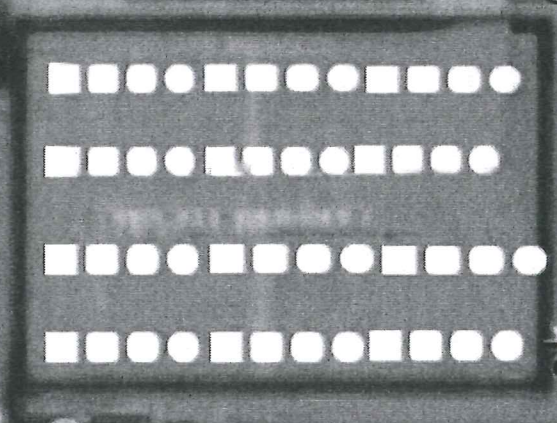
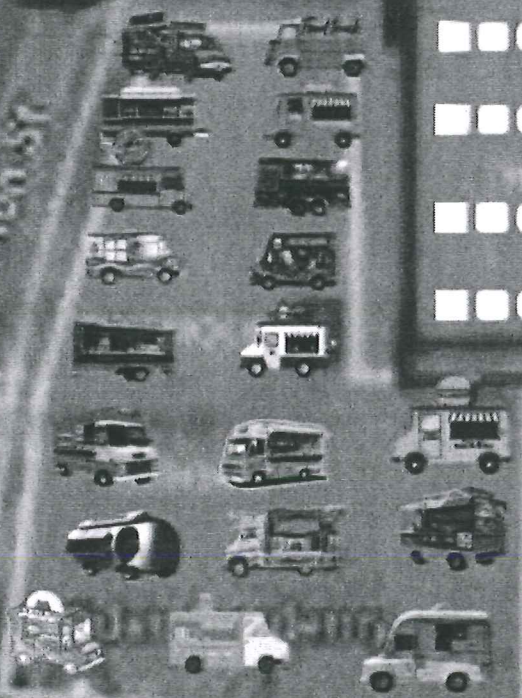
Wrestling

Vendors

Parking

Kids zone

Stage





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: 08/05/2024

Received From: HIGH SOCIETY INK LLC
3449 ARCADE ST ST PAUL MN 55127

Description:

Invoice Details

1163733

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	V0743	08/05/2024	\$178.00