

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.

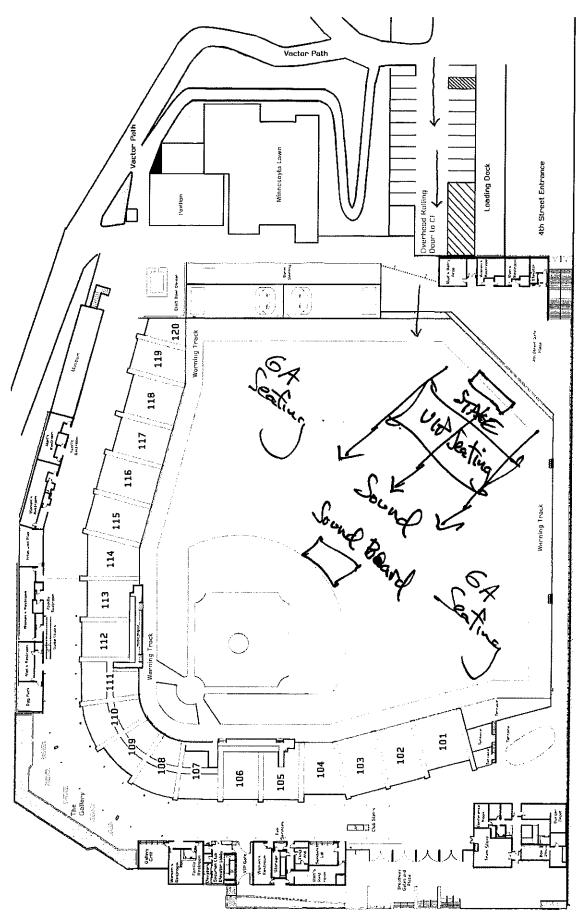
1. Organization/person seeking variance: St. PAUL SAINTS BASEBALL CLUB
2. Event Name: Kock the Tourth
3. Address and physical description of noise source location (Event, Worksite): 360 BROALWAY,  JT. PAUL. MN 55/01
4. Responsible person: Tom whatey Title: EVP
5. Telephone: (651) 288-9873 / E-Mail: twholey@saints base sall. com
6. Date(s) variance requested: Toly 4, 2025
7. Noise source - Time(s) of operation: 6:45 pm - 10:00 pm
- Time(s) of pre-event sound check: 3:30 pm - 5:00 pm
8. Sound level requested (dBA/Decipels): 100 dB
9. Mailing address w/zip code: Shue as above
10. Briefly describe the noise source and equipment involved: Musical concert utilizing
11. Describe the steps that will be taken to minimize the noise levels: Deakers placed at field evel below seating bowl speakers will not be found from stage.
12. State reason for seeking variance (example - music, announcements, construction, etc.): It is expected that decibe levels during the event Mayexceed permissible limits
13. Maximum number of attendees: 4000
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).
Multiple locations may require more than one application.
<b>15.</b> Submit completed application, site diagram/map, and <b>\$178</b> fee to:
CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON
STREET, SUITE 220
SAINT PAUL, MN 55101-1806
SAIM LAOF ININ SETAT-1900

CITY OF SAINT PAUL MELVIN CARTER, MAYOR

Signature of responsible person:

AN AFFIRMATIVE ACTION & EQUAL OPPORTUNITY EMPLOYER

STPAUL.GOV



BROAD WAY



## **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: 05/13/2025

Received From: ST PAUL SAINTS BASEBALL CLUB INC

360 BROADWAY ST ST PAUL MN 55101

Description:

Invoice Details

**Invoice Amount** 

**Amount Paid** 

1178579

Noise Variance

\$178.00

\$178.00

**TOTAL AMOUNT PAID:** 

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	10208	05/13/2025	\$178.00