

CITY OF SAINT PAUL

Received

Business Licensing 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

February 2020

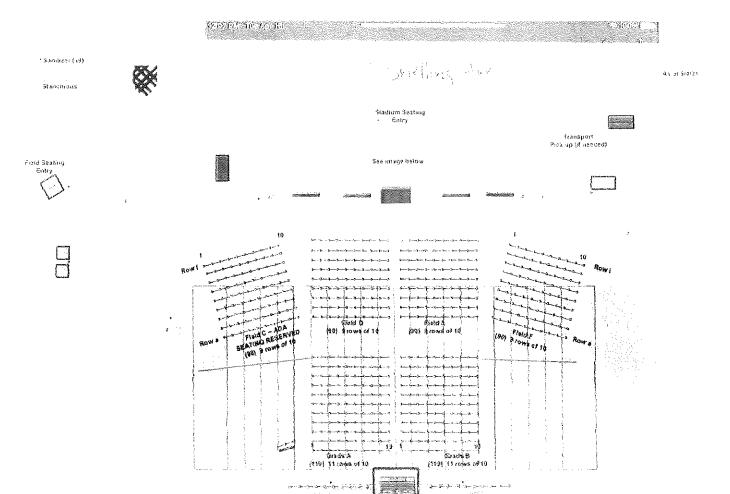
MAR 2 2 2023

## Sound Level Wariance Application

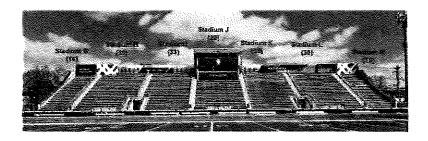
Legislative Code Chapter 293. - Noise Regulations

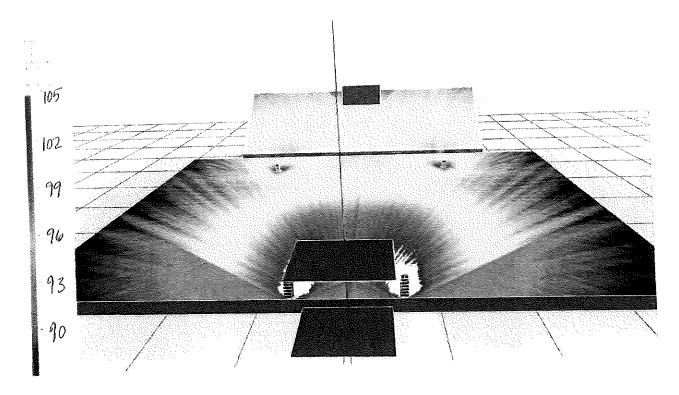
Application and \$175 fee payment should be submitted a minimum of sixty (60) days prior to the scheduled event start date. A public notification period is required prior to scheduling the application's Public Hearing before the Saint Paul City Council. Applications received fewer than sixty (60) days prior to the event may not satisfy the ordinance's processing timelines for placement on the Council's agenda.

1. Organization/person seeking variance: Marklester College
2. Event Name: Macalester College Commengenest
3. Address and physical description of noise source location (Event, Worksite):
Mocalester Stadeum, 179 Snelling Ave. S.
4. Responsible person: Danna Sepparar Title: Divector, High Winds Fund
5. Telephone: 651-696-6552 E-Mail: highwirts o maralestar edu
6. Date(s) variance requested: May (2 4 13th, 2023
7. Noise source - Time(s) of operation: May 13 10:80 an -1:30 pm
- Time(s) of pre-event sound check: May 12 Ilan pm
8. Sound level requested (dBA/Decibels): 100 db@ 58 ft, from Source
9. Mailing address w/zip code: 1600 Grand Ave. St. Paul, MN 55705
10. Briefly describe the noise source and equipment involved: See attached description
11. Describe the steps that will be taken to minimize the noise levels: Splakers will be pointed of Outline and Sound Checks will min level needed  12. State reason for seeking variance (example - music, announcements, construction, etc.):  Announcements and music
13. 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.
14. Submit completed application, site diagram/map, and \$175.00 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: 2000 Date: 3/10/28
AA-ADA-EEO Employer



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## **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: 03/27/2023

Received From: MACALESTER COLLEGE dba: MACALESTER COLLEGE COMMENCENT

1600 GRAND AVE ST PAUL MN 55105

Description:

Invoice Details

Invoice Amount

Amount Paid

1142495

Noise Variance

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V2551	03/27/2023	\$3.00
Check	2274	03/27/2023	\$175.00