

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: MN Department of Human Services
	Event Name: DHS Day Learning Event in the Park
	Address and physical description of noise source location (Event, Worksite):alen Park
4.	Responsible person: Constance Caron
	Telephone: 612-598-7091 E-Mail: connie.caron@state.mn.us
6.	Date(s) variance requested: August 9, 2023
7.	Noise source - Time(s) of operation: 11a.m to 4p.m.
	- Time(s) of pre-event sound check: 10a.m.
8.	Sound level requested (dBA/Decibels): 127db
9.	Mailing address w/zip code: 540 Cedar St., St. Paul, MN Attn: Beth Danse
10.	Briefly describe the noise source and equipment involved:
AD	OJ will provide audio for speaker remarks and musical selections.
	Describe the steps that will be taken to minimize the noise levels:
	State reason for seeking variance (example - music, announcements, construction, etc.):sic and announcements
<i>13</i> .	Maximum number of attendees: 400
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.
Mu.	ltiple locations may require more than one application.)
<i>15</i> .	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
	iderstand any social gathering associated with this variance must be managed in compliance with applicable Mayor Carter executive order regarding vaccinations, distancing, masks and attendance its.
Sigr	nature of responsible person: De Anna Conover Digitally signed by De Anna Conover Date: Date: 2023.06.14 09:26:04 -05:00' Date:

Inv. 1144962