SAINT PAUL

SAFETY & INSPECTIONS

Received

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, PE(MN), CBO, DIRECTOR

JUN 1 3 2025

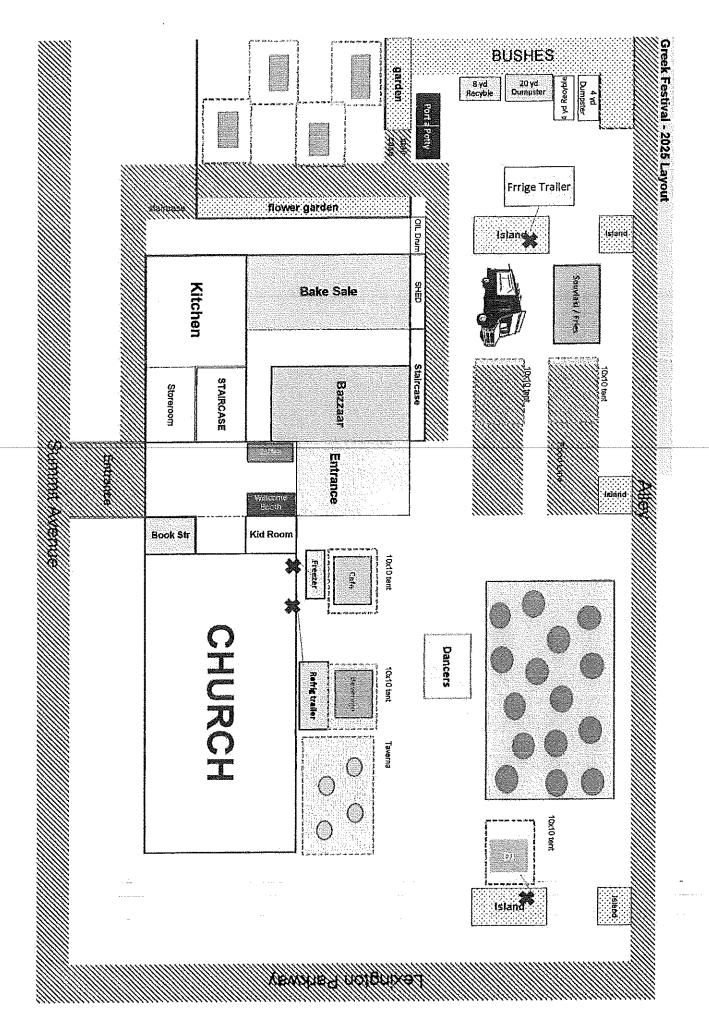
375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

City of Saint Paul - [75]

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.

or la	" Accept Daylot & Alexand
1. Organization/person seeking variance: St. Geo	rge Greek UKINDAO'X CHARCA
2. Event Name: Greek Fest VAL	T.
3. Address and physical description of noise source local	ation (Event, Worksite):
1111 Summit Ave. ST. PAUL, MN 55105	, and the second
4. Responsible person: Daniel Matuska	Title: PERMITS CHAIR
5. Telephone: 651-336-3219	E-Mail: dsmatuska@gmail.com
6. Date(s) variance requested: 7/25/2025 - 7/	24/2025
7. Noise source - Time(s) of operation: 1/25 Spm-	8 pm - 7/26 11am - 8pm
- Time(s) of pre-event sound check:	
8. Sound level requested at 50 feet from noise source (c	IBA/Decibels): 95 Decibels
9. Mailing address w/zip code: 1111 Summit Ave	s, st. Paul, MN, 55105
10. Briefly describe the noise source and equipment inv	olved: Speakens & Microphone
4 speakers, equipment similar to a DJ playing in	a small venue
11. Describe the steps that will be taken to minimize the	e noise levels: The stage will be setup on the east
side of the parking lot facing west, sound may be	subdued due to tents, dancers, and diners.
12. State reason for seeking variance (example - music,	announcements, construction, etc.):
music and announcements.	
13. Maximum number of attendees: 5000 over two da	ays
14. A site diagram & map must be attached showing lo	
(If there will be amplified sound, indicate location of	
Multiple locations may require more than one appl	
15. Submit completed application, site diagram/map, a	nd \$1/8 fee to:
CITY OF SAINT PAUL	
DEPARTMENT OF SAFETY AND INSPECTION	S
375 JACKSON STREET, SUITE 220	
SAINT PAUL, MN 55101-1806	
Signature of responsible person:	1. Walut Chx 622/Date: 6/10/2025





DSI RECEIPT

CITY OF SAINT PAUL

Department of Safety and Inspections 375 Jackson Street Suite 220 Saint Paul, Minnesota 55101-1806 Phone: (651) 266-9899 Fax: (651) 266-9124 www.stpaul.gowldsi

Date: 06/27/2025

Received From: ST GEORGE GREEK ORTHODOX CHURCH

1111 SUMMIT AVE ST PAUL MN 55105

Description:

Invoice Details

Invoice Amount

Amount Paid

1179844

Noise Variance

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	MC8146	06/27/2025	\$178.00