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SLV Inv 1161097

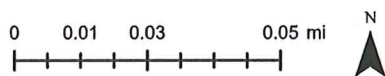
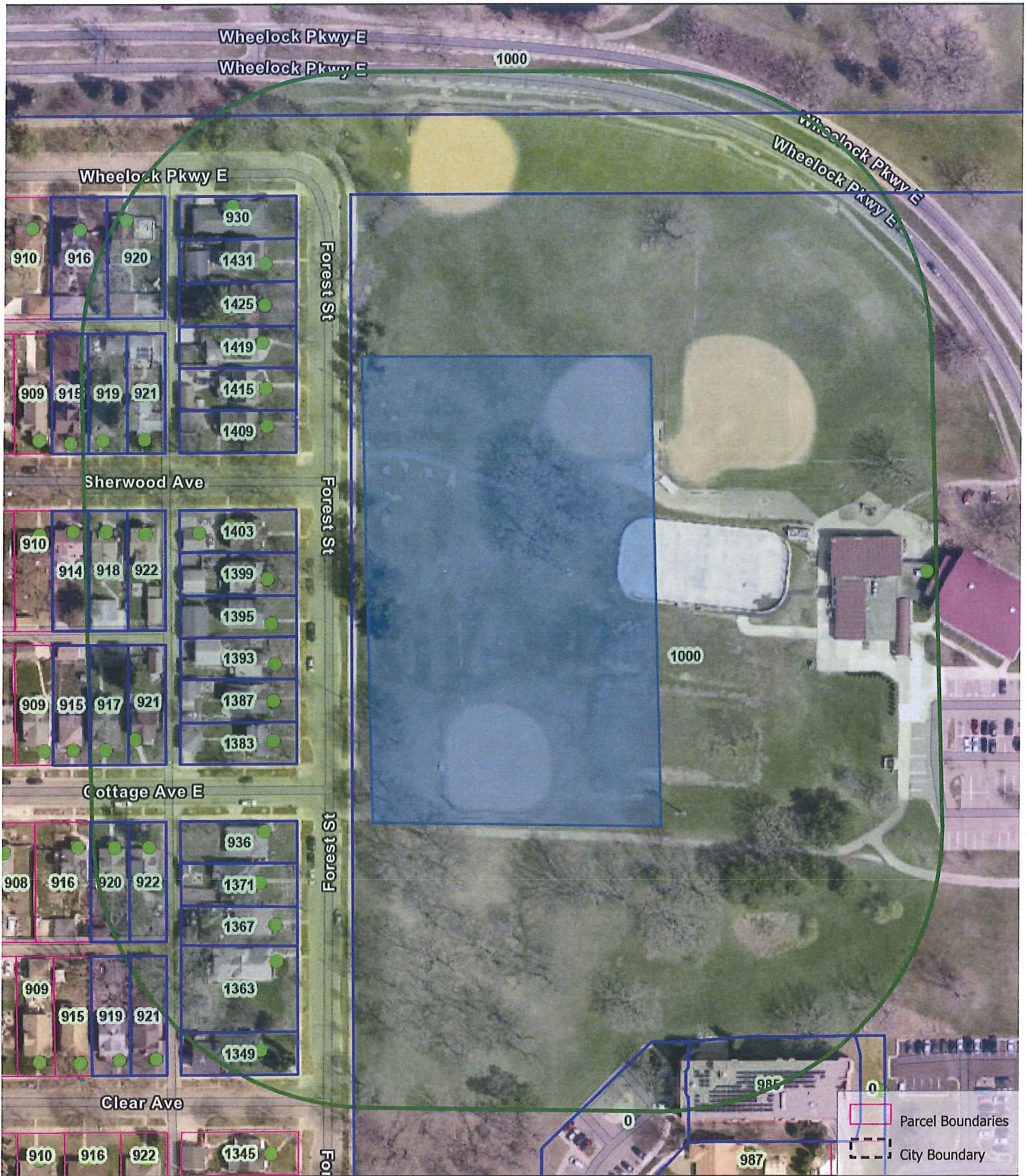
Sound Level Variance Application

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
2. Event Name: DHS Employee Softball Game
3. Address and physical description of noise source location (Event, Worksite): Phalen Regional Park Softball Field
4. Responsible person: Deondra Avery Title: Director of Culture, Strategy and Impact
5. Telephone: 612-523-5469 E-Mail: deondra.avery@state.mn.us
6. Date(s) variance requested: August 14, 2024
7. Noise source - Time(s) of operation: 1p.m to 4p.m.
- Time(s) of pre-event sound check: 12:30p.m.
8. Sound level requested (dBA/Decibels): 127db
9. Mailing address w/zip code: 540 Cedar St., St. Paul, MN Attn: Beth Dansie
10. Briefly describe the noise source and equipment involved: A sound system will provide audio and announcement for softball game.
11. Describe the steps that will be taken to minimize the noise levels: This is a professional and social learning event that will be properly managed with noise at a minimum.
12. State reason for seeking variance (example - music, announcements, construction, etc.): music and group announcements
13. Maximum number of attendees: 100
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: De Anna Conover Date: 05/01/2024



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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: 07/12/2024

Received From: MN DEPARTMENT OF HUMAN SERVICES
540 CEDAR ST ST PAUL MN 55101

Description:

Invoice Details

1161097

Noise Variance

Invoice Amount

\$178.00

Amount Paid

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	26489792	07/12/2024	\$178.00