



### 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: Rainbow Health
2. Event Name: The Walk to End HIV
3. Address and physical description of noise source location (Event, Worksite): Event,  
1199 Midway Pkwy, St Paul, MN 55103
4. Responsible person: Morgan Logue Title: Events Coordinator
5. Telephone: (612) 373-2444 E-Mail: morgan.logue@rainbowhealth.org
6. Date(s) variance requested: 5/13/2023
7. Noise source - Time(s) of operation: 10am-2pm  
- Time(s) of pre-event sound check: 9am
8. Sound level requested (dBA/Decibels): 80-90 Decibels
9. Mailing address w/zip code: 2577 W Territorial Rd, St Paul, MN 55114
10. Briefly describe the noise source and equipment involved: microphone, speakers, and amp;  
the program includes speakers, announcements, singing performances, and music
11. Describe the steps that will be taken to minimize the noise levels: We will only amplify so that  
attendees can hear clearly
12. State reason for seeking variance (example - music, announcements, construction, etc.): \_\_\_\_\_  
music, announcements, speakers at event
13. Maximum number of attendees: 200
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**

I understand any social gathering associated with this variance must be managed in compliance with any applicable Mayor Carter executive order regarding vaccinations, distancing, masks and attendance limits.

Signature of responsible person: Morgan Logue Date: 3/24/2023

Digitally signed by Morgan Logue  
DN: cn=Morgan Logue, o=CITY OF SAINT PAUL, email=morgan.logue@stpaulmn.gov  
Reason: I am the Author of this document  
Location  
Date: 2023.03.24 14:23:34-0500  
Fax: 651-266-9124

## Barb McMonigal-St Dennis

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**From:** \*CI-StPaul\_DSIWeb  
**Sent:** Friday, March 24, 2023 3:21 PM  
**To:** Trygg Sponheim; Barb McMonigal-St Dennis  
**Subject:** FW: UPDATED Sound Level Variance Application  
**Attachments:** Sound Level Variance Application\_ Walk to End HIV.pdf; Sound Variance Diagram (1).docx

**From:** Morgan Logue <morgan.logue@rainbowhealth.org>  
**Sent:** Friday, March 24, 2023 3:15 PM  
**To:** \*CI-StPaul\_DSIWeb <DSIWeb@ci.stpaul.mn.us>  
**Subject:** UPDATED Sound Level Variance Application

Hello,

I submitted a paper copy of a sound level variance application for The Walk to End HIV occurring on 5/13/2023 at Harriet Island Regional Park. We decided to change venues because we were concerned about possible flooding with the heavy precipitation. Our new venue is the Como Midway Picnic Pavilion, address 1199 Midway Pkwy, St Paul, MN 55103. The application with the updated location is attached. I have also attached a new diagram.

Thank you,

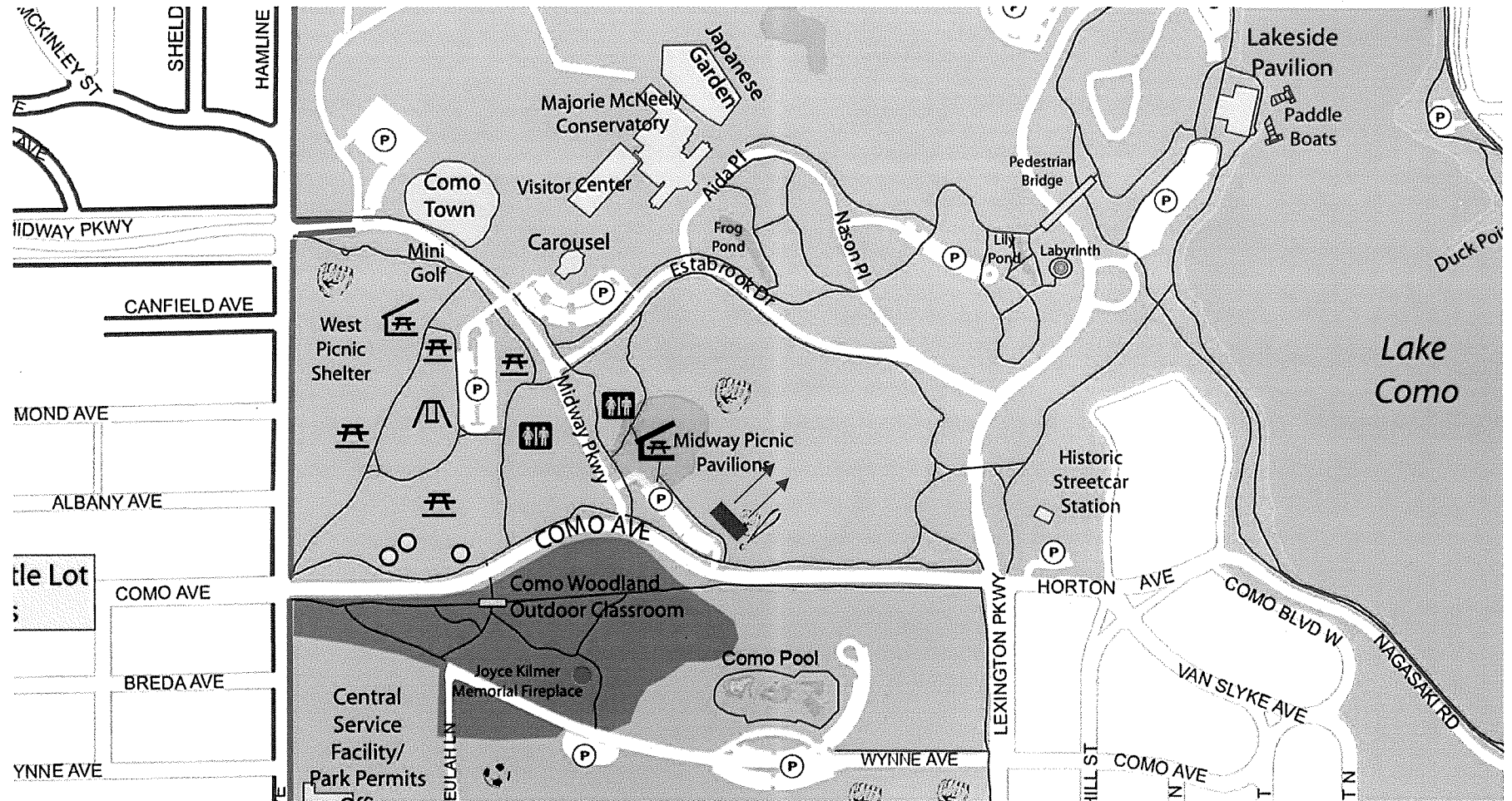
Morgan Logue (*she/her/hers*)  
AmeriCorps VISTA  
Volunteer, Events, & Community Engagement Coordinator

**RAINBOW HEALTH**

**RAINBOW  
HEALTH**

2577 Territorial Road West,  
Saint Paul, MN 55114

[morgan.logue@rainbowhealth.org](mailto:morgan.logue@rainbowhealth.org)



The event takes place at the Midway Picnic Pavilions, highlighted in yellow. We will be utilizing the green space for a resource fair and some family friendly games. We will have a small stage for speakers and performers, noted as the purple rectangle. Sound direction is noted by purple arrows.



# 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: 03/09/2023

Received From: RAINBOW HEALTH dba: THE WALK TO END HIV  
2577 TERRITORIAL ROAD ST PAUL MN 55114

Description:

Invoice Details

1142136

Noise Variance

Invoice Amount

Amount Paid

\$178.00

\$178.00

**TOTAL AMOUNT PAID:**

**\$178.00**

Paid By:

Payment Type	Check #	Received Date	Amount
Check	011118	03/09/2023	\$178.00