

CITY OF SAINT PAUL

JUN:2 8 2021

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

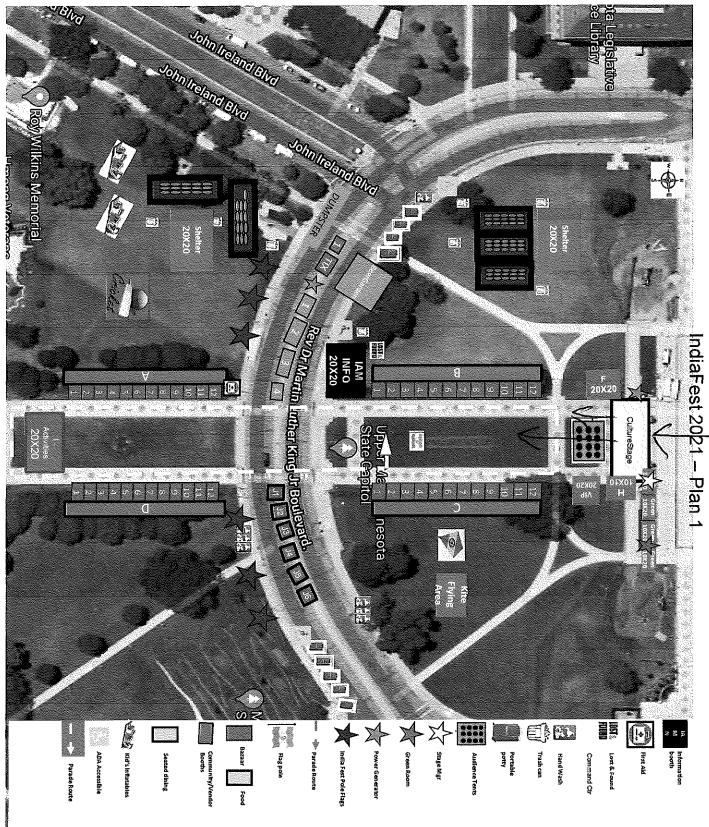
## **Sound Level Variance Application**

**Legislative Code Chapter 293. - Noise Regulations** 

Application and \$175 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: I/M				
	Event Name:				
3.	Address and physical description of noise source location (Event, Worksite):				
	State Capital - Upper Mall				
	Responsible person: Prinesh Patel Title: Board Member				
	Telephone: <u>J. 48 – 346 – 0677</u> E-Mail: <u>DOTNESH</u> , Patel & Jann C Date(s) variance requested: J.				
	1				
7.	Noise source - Time(s) of operation: 11/1/1/10 40 9:30 pm				
	- Time(s) of pre-event sound check: 9 AM				
	Sound level requested (dBA/Decibels): $\frac{6}{7} \frac{1}{2} / \frac{60}{50} \frac{4}{6}$				
	9. Mailing address w/zip code:				
<i>10</i> .	. Briefly describe the noise source and equipment involved: DA, Amps				
	State reason for seeking variance (example - music, announcements, construction, etc.):				
 13.	Maximum number of attendees: 5,000				
	Describe steps that will be taken to prevent COVID-19 virus spread: Follow all State				
<b>15</b> .	A <u>site diagram &amp; map</u> must be attached showing location of noise source(s), streets, stages, tents, etc. (If				
the	re will be amplified sound, indicate location and direction that all speakers will be facing). Multiple				
loca	ations may require more than one application.				
16.	. 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				
	derstand that any social gathering associated with this variance must be managed in full compliance hall applicable Governor Walz COVID-19 orders relating to distancing, masks and attendance limits.				
Sigr	nature of responsible person: Date Date				
	AA-ADA-EEO Employer February 2020				

State 15 Pointing South. 3 Speckers Oneach side





## **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: 07/02/2021

Received From: KXH EVENTS LLC

1671 VILLAGE TRAIL UNIT 1 MAPLEWOOD MN 55109

Description:

Invoice Details

**Invoice Amount** 

**Amount Paid** 

1109715

Noise Variance

\$175.00

\$175.00

**TOTAL AMOUNT PAID:** 

\$175.00

## Paid By:

Payment Type	Check #	Received Date	Amount
Check	2120	07/02/2021	\$175.00