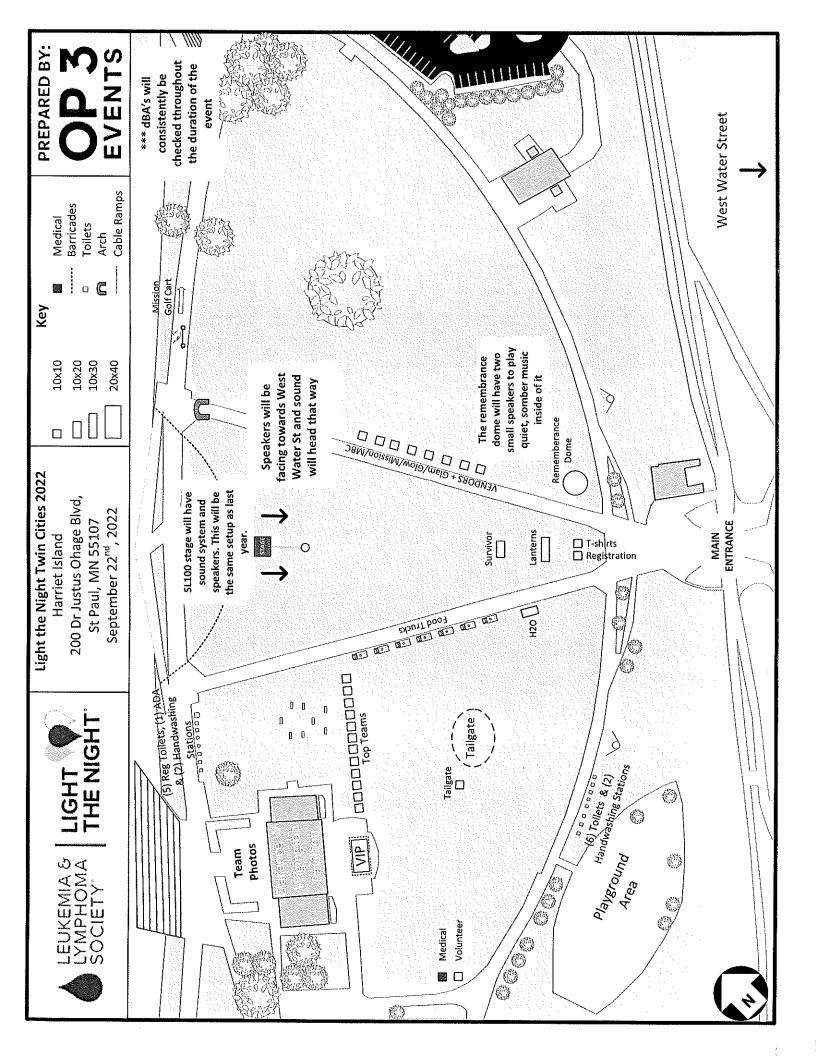


375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

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 varia	nce: The Leukemia & Lymphoma Society Inc		
			mphoma Society's Light the Night		
	3.	. Address and physical description of	noise source location (Event, Worksite): Harriet Island- 200 Dr Justus		
		Ohage Blvd, St Paul, MN 55107 at ev	rent site		
	4.	. Responsible person: Kortney Hamm	Title: Executive Director, Upper Plains		
		. Telephone: <u>262-785-4246</u>	E-Mail: Kortney.Hamm@lls.org		
	6.	Date(s) variance requested: Thurso	lay, September 22nd, 2022		
	7.	Noise source - Time(s) of operation	4:00 pm - 9:00 pm		
		- Time(s) of pre-event s			
	8.	Sound level requested (dBA/Decibe	/s): 85 at 50'		
			Broadway St NE, Minneapolis, MN 55413		
بر مطاللة	10.	Briefly describe the noise source an	d equipment involved: Sound system and speakers for our SL100 stage		
/iii be u			oughout the event, and small speakers will play quiet music in our rememberance dome		
	11.	-	to minimize the noise levels: will download the app to measure dBA levels		
	12.	State reason for seeking variance (example - music, announcements, construction, etc.): Music, announcements & opening ceremony		
	<i>13</i> .	Maximum number of attendees: 20	000		
	14. A <u>site diagram & 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	ıltiple locations may require more th	an one application.)		
	15.	Submit completed application, site CITY OF SAINT PAUL, DEPARTMEN 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806	diagram/map, and \$178 fee to: This will be paid by card over the phone T OF SAFETY AND INSPECTIONS		
	арр	olicable Mayor Carter executive order r	ed with this variance must be managed in compliance with any egarding vaccinations, distancing, masks and attendance limits.		
	Sigi	nature of responsible person:	Date: 7/18/2022		
		**If you have any questions, please con	act Event Producer- Caily Landers at caily@op-3.com or 708-560-5399.		





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: 07/18/2022

Received From: THE LEUKEMIA & LYMPHOMA SOCIETY

1711 BROADWAY ST NE MINNEPOLIS MN 55413

Description:

Invoice Details

Invoice Amount

Amount Paid

1127848

Noise Variance

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	MC5106	07/18/2022	\$178.00