SAINT PAUL
SAFETY & INSPECTIONS

E 7/12

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANNE WIEBE, DIRECTOR
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
Tel: 651-266-8989 | Fax: 651-266-9124

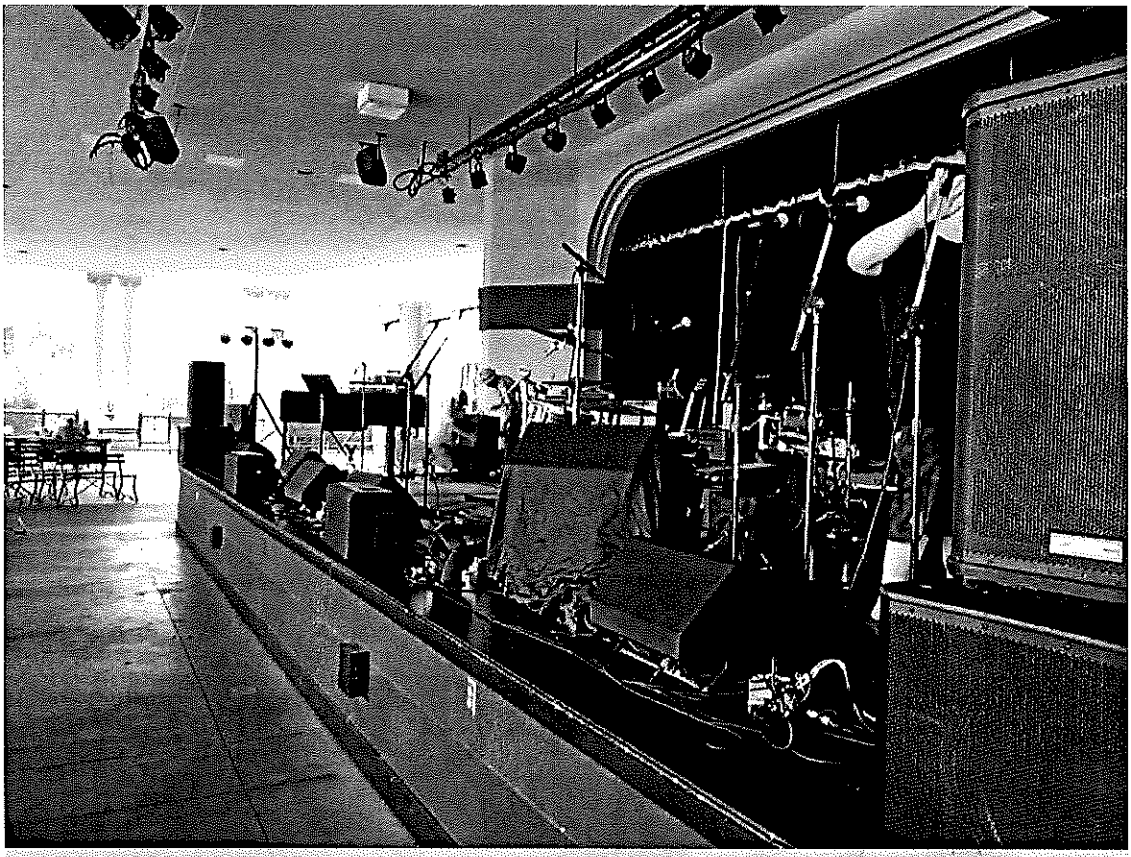
Sound Level Variance Application

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 variance:* Lakeside Guitar Festival / Mn Last Waltz
2. *Event Name:* Lakside Guitar Festival / Minnesota's Last Waltz
3. *Address and physical description of noise source location (Event, Worksite):* Como Pavilion 1360 Lexington Ave, St. Paul, Mn 55103
4. *Responsible person:* David Russ *Title:* Owner It's A Secret LLC
5. *Telephone:* 612-384-0091 *E-Mail:* djrussmn@gmail.com
6. *Date(s) variance requested:* 8/9/24 and 8/10/24
7. *Noise source - Time(s) of operation:* 10am - 10pm
   - Time(s) of pre-event sound check: Included
8. *Sound level requested (dBA/Decibels):* [redacted] 105
9. *Mailing address w/zip code:* 4458 34th Ave So Minneapolis, Mn. 55406
10. *Briefly describe the noise source and equipment involved:* Music Festival QSC PA System
11. *Describe the steps that will be taken to minimize the noise levels:* Keeping musicians amps at a minimum
12. *State reason for seeking variance (example - music, announcements, construction, etc.):* Music Festival
13. *Maximum number of attendees:* 2000 over 2 Days
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: [signature] **Date:** 7/12/24



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: 07/19/2024

Received From: LAKESIDE GUITAR FESTIVAL/MN LAS WALTZ
4458 34TH AVE S MINNEAPOLIS MN 55406

Description:

Invoice Details	Invoice Amount	Amount Paid
1163110		
Noise Variance	$178.00	$178.00

TOTAL AMOUNT PAID: **$178.00**

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V1216	07/19/2024	$178.00