



Sound Level Variance Application

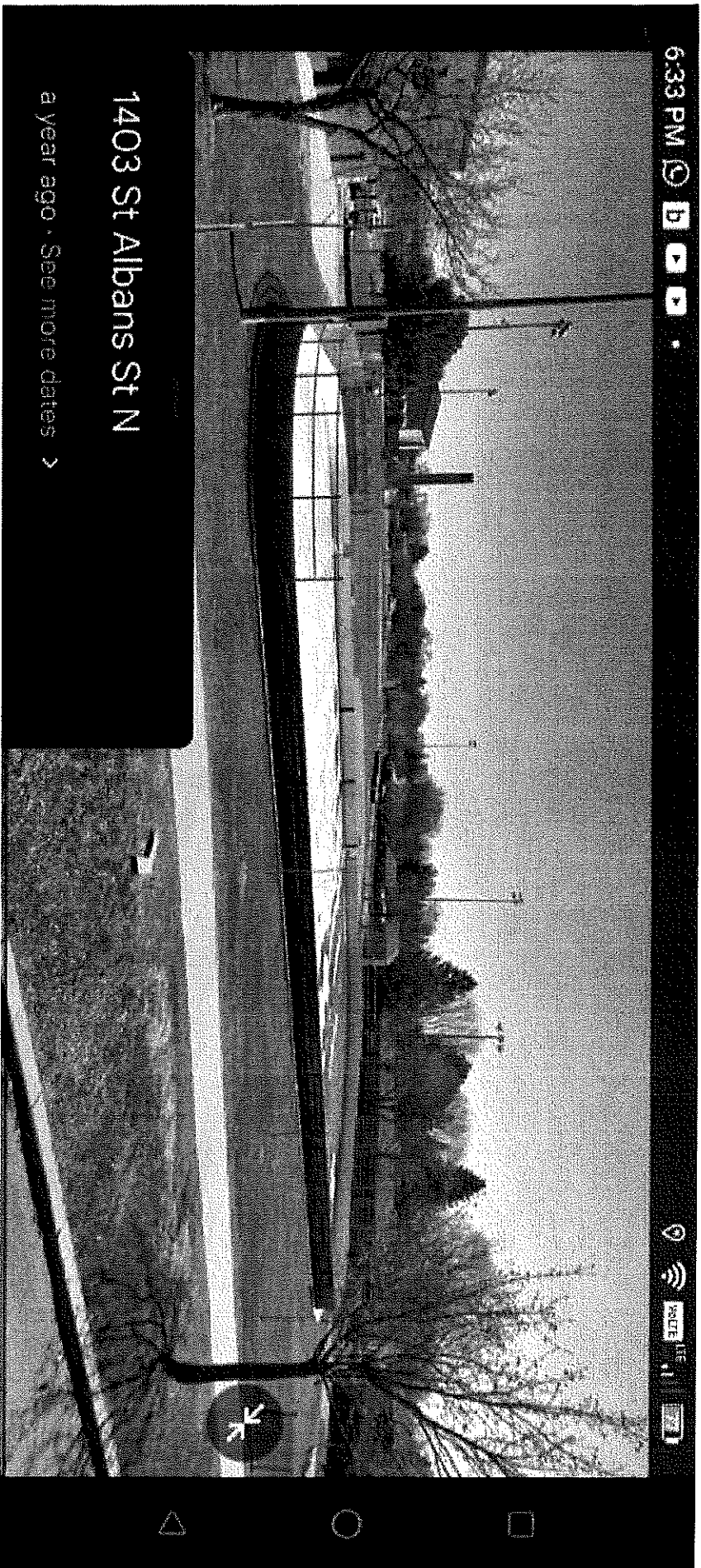
Legislative Code Chapter 293. - Noise Regulations Application and \$178 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of the event date may not satisfy the processing timeline requirements.

1. Organization/person seeking variance: Damilola Adebayo / RCCG Restoration Chapel
2. Event Name: Church Program
3. Address and physical description of noise source location (Event, Worksite): 1414 Street Albans Sp. N, St Paul MN 55117
4. Responsible person: Damilola Adebayo Title: _____
5. Telephone: 6514043462 E-Mail: Prettydammyalao@yahoo.com
6. Date(s) variance requested: 06/29/24
7. Noise source - Time(s) of operation: 3:00pm - 8:00pm
- Time(s) of pre-event sound check: 2pm
8. Sound level requested (dBA/Decibels): 100 Decibels
9. Mailing address w/zip code: 1535, Como Ave St Paul MN 55108
10. Briefly describe the noise source and equipment involved: 2 subwoofer 21 inches - 4 Line array 10 inches - 4 monitors 15 inches
11. Describe the steps that will be taken to minimize the noise levels: Position of the speakers far from the residential buildings i.e. speakers will be placed on the north side.
12. State reason for seeking variance (example - music, announcements, construction, etc.): _____
Church program
13. Maximum number of attendees: 150 - 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: 337 7th St W ST PAUL MN 55102
Appt #228

CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON
STREET, SUITE 220
SAINT PAUL, MN 55101-1806

337 7th St W ST PAUL
MN 55102
Appt #228
Mailing address

Signature of responsible person: Date: 5/31/2024



1403 St Albans St N

a year ago · See more dates >





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: 05/31/2024

Received From: DAMILOTA ADEBAYO dba: RCCG RESTORATION CHAPEL
1535 COMO AVE ST PAUL MN 55108

Description:

Invoice Details

1161495

Noise Variance

Invoice Amount

\$178.00

Amount Paid

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	MC0801	05/31/2024	\$178.00