

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

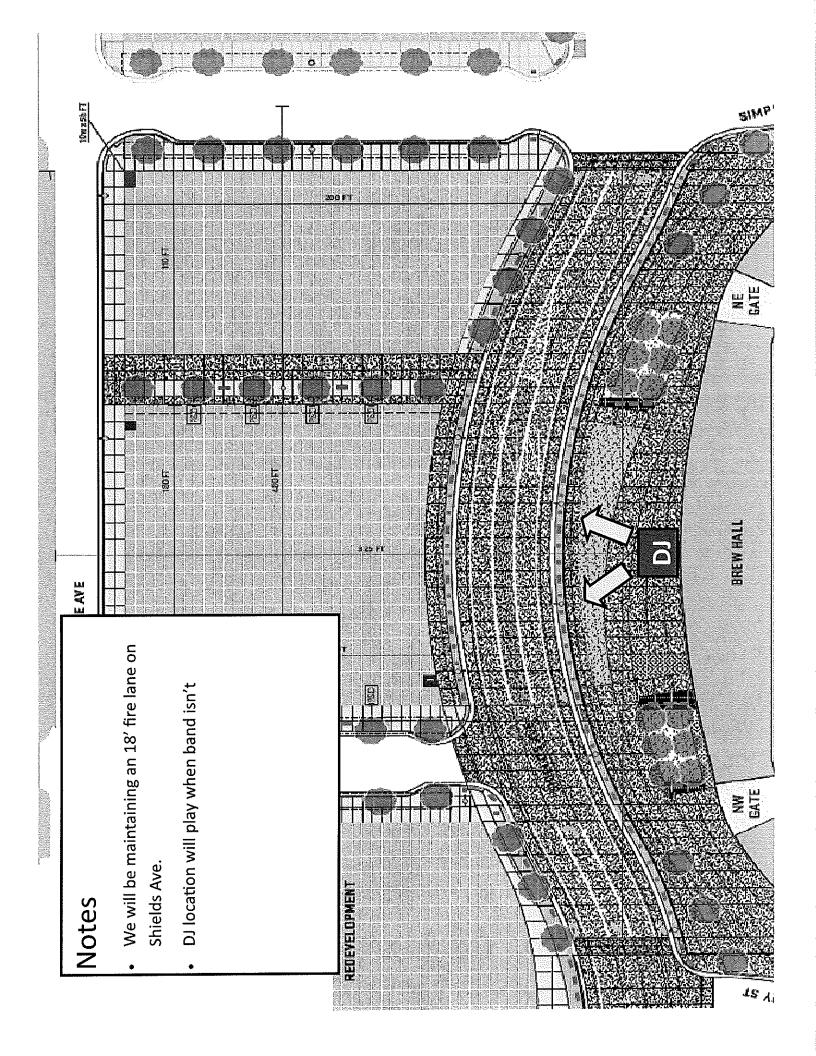
Sound Level Variance Application

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.

_	Minnocote I Inited EC / Allianz Field					
	Organization/person seeking variance: Minnesota United FC / Allianz Field					
2.	Event Name: MNUFC Community Day					
3.	3. Address and physical description of noise source location (Event, Worksite):					
400 Snelling Ave. North St. Paul, MN 55104						
4.	Responsible person: Zacharia Litzelswope					
5.	Telephone: 612-928-6406 E-Mail: zacharia.l@mnufc.com					
6.	Date(s) variance requested: Friday, October 4, 2024					
7.	Noise source - Time(s) of operation: 3:00pm - 7:00pm					
	- Time(s) of pre-event sound check: 2:00pm - 3:00pm					
8.	Sound level requested (dBA/Decibels): 92 dBA					
9.	Mailing address w/zip code: 400 Snelling Ave. North, St. Paul, MN 55104					
10.	0. Briefly describe the noise source and equipment involved:					
Spe	Speakers on stands for DJ and announcements as a part of the community day activities prior to St. Paul Cup.					
11. Describe the steps that will be taken to minimize the noise levels:						
Place sound source in a location that minimizes impact to surrounding neighborhood.						
12. State reason for seeking variance (example - music, announcements, construction, etc.):						
Music, Announcements						
13.	Maximum number of attendees: 5000					
	14. A <u>site diagram & map</u> must be attached showing location of noise source(s), streets, stages, tents, etc.					
	there will be amplified sound, indicate location and direction that all speakers will be facing).					
	ltiple 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: <u>Zacharia Litzelswops</u>

Date: 08/07/2024





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: 08/08/2024

Received From: ZACHARIA LITZELSWOPE dba: MINNESOTA UNITED FC

400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details

Invoice Amount

Amount Paid

1163820

Noise Variance

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V4740	08/08/2024	\$178.00