



**SAINT PAUL**  
SAFETY & INSPECTIONS

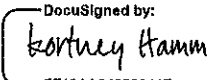
375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806  
Tel: 651-266-8989 | Fax: 651-266-9124

## 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: The Leukemia & Lymphoma Society, Inc.
2. Event Name: The Leukemia & Lymphoma Society Inc.'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 event site
4. Responsible person: Kortney Hamm Title: Executive Director, Upper Plains
5. Telephone: 262-785-4246 E-Mail: kortney.hamm@lls.org
6. Date(s) variance requested: Thursday, September 26th, 2024
7. Noise source - Time(s) of operation: 4:00 pm - 9:00 pm  
- Time(s) of pre-event sound check: 4:00 pm
8. Sound level requested (dBA/Decibels): 85 at 50'
9. Mailing address w/zip code: 1711 Broadway St NE, Minneapolis, MN 55413
10. Briefly describe the noise source and equipment involved: Sound system and speakers for our SL100 stage  
will be used for opening ceremony, music to play throughout event and small speaker to play quiet music in remembrance area.
11. Describe the steps that will be taken to minimize the noise levels: I will download the app to measure  
dBA levels on my phone and consistently make sure the dBA is at the appropriate levels. We will also have AV staff there to monitor equipment and levels.
12. State reason for seeking variance (example - music, announcements, construction, etc.): Music,  
announcements, and opening ceremony
13. Maximum number of attendees: 2000
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: This will be paid for by card over the phone.

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

Signature of responsible person:  Date: 07/11/2024 | 09:50 AM EDT



**LIGHT  
THE NIGHT**

Light the Night Twin Cities 2024  
Harriet Island  
200 Dr Justus Ohage Blvd,  
St Paul, MN 55107  
September 26th, 2024

Key

|   |                 |     |            |     |                |
|---|-----------------|-----|------------|-----|----------------|
| □ | 10x10           | ■   | Medical    | ⌂   | Light Tower    |
| □ | 10x20           | --- | Barricades | ■   | Words of Light |
| □ |                 | □   | Toilets    | --- | Cable Ramps    |
| ■ | Vendor Bringing | ⌂   | Arch       | --- | Stanchion      |
|   |                 | ■   | Dumpster   | ●   | Generator      |

PREPARED BY:

**OP 3  
EVENTS**

Please note, the tent setup  
may change, but where  
speakers/sound are will  
not.

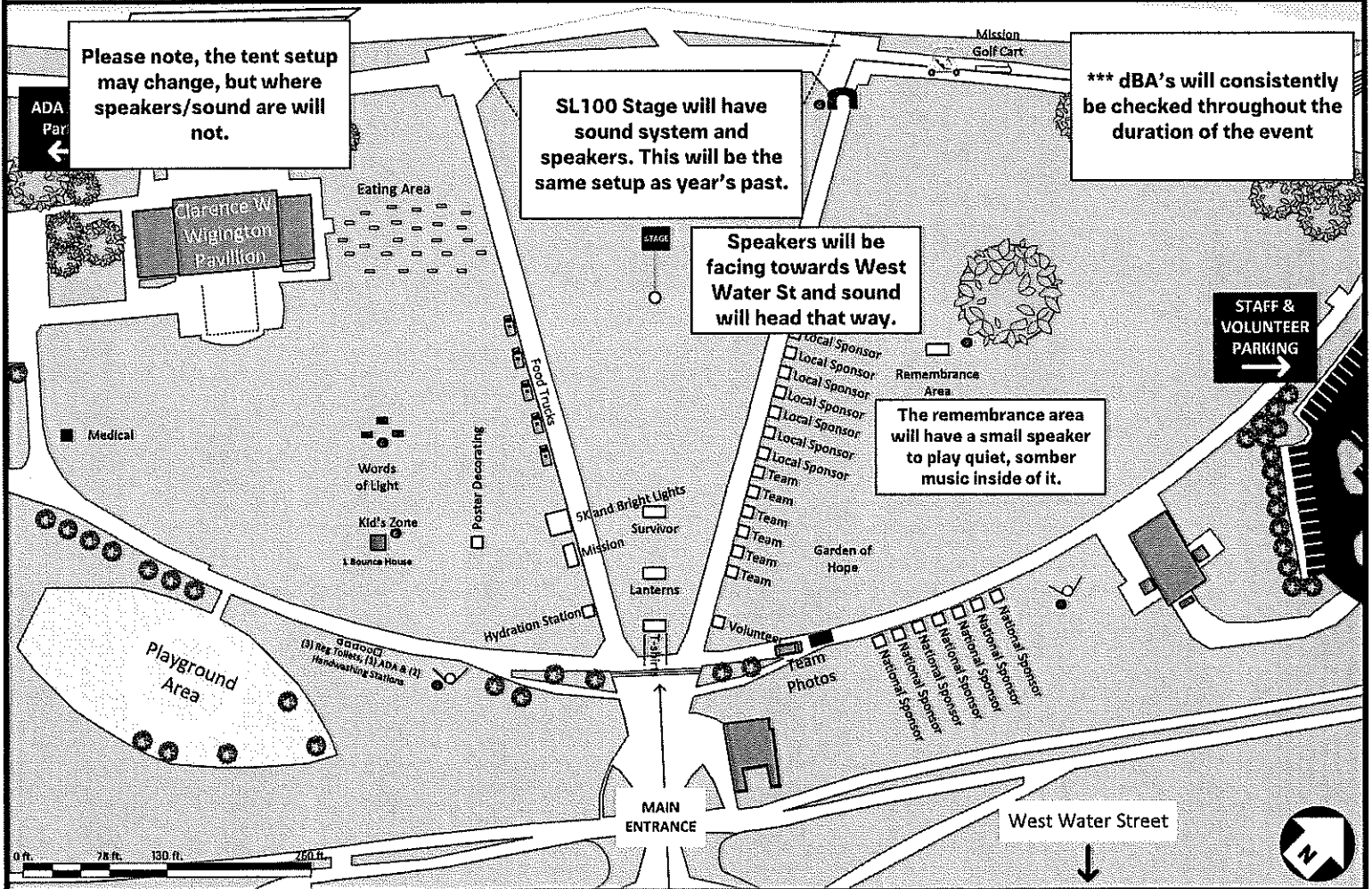
SL100 Stage will have  
sound system and  
speakers. This will be the  
same setup as year's past.

\*\*\* dBA's will consistently  
be checked throughout the  
duration of the event

Speakers will be  
facing towards West  
Water St and sound  
will head that way.

The remembrance area  
will have a small speaker  
to play quiet, somber  
music inside of it.

STAFF &  
VOLUNTEER  
PARKING





## DSI RECEIPT

**CITY OF SAINT PAUL**  
Department of Safety and Inspections  
375 Jackson Street Suite 220  
Saint Paul, Minnesota 55101-1808  
Phone: (651) 266-8989 Fax: (651) 266-9124  
[www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

**Date:** 07/26/2024

**Received From:** OP 3  
MN

**Description:**

**Invoice Details**

1163242

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  | MC2674  | 07/26/2024    | \$178.00 |