



CITY OF SAINT PAUL

Business Licensing
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

Sound Level Variance Application

Legislative Code Chapter 293. - Noise Regulations

Application and \$175 fee payment should be submitted a minimum of sixty (60) days prior to the scheduled event start date. A public notification period is required prior to scheduling the application's Public Hearing before the Saint Paul City Council. Applications received fewer than sixty (60) days prior to the event may not satisfy the ordinance's processing timelines for placement on the Council's agenda.

1. Organization/person seeking variance: Macalester College, Program Board
2. Event Name: Springfest
3. Address and physical description of noise source location (Event, Worksite): 125 Snelling Ave. S.
St Paul MN 55105
4. Responsible person: Andy Williams Title: Director
5. Telephone: 651-696-6569 E-Mail: pb@macalester.edu, awill8@macalester.edu
6. Date(s) variance requested: 4/16/2022
7. Noise source - Time(s) of operation: 2:00-7:00 p.m.
- Time(s) of pre-event sound check: 11:00 a.m.-2:00 p.m.
8. Sound level requested (dBA/Decibels): 120 dba
9. Mailing address w/zip code: 1600 Grand Ave, St. Paul MN 55105
10. Briefly describe the noise source and equipment involved: Concert, Bands with amplified sound
11. Describe the steps that will be taken to minimize the noise levels: All sound in surrounded by buildings and directed into campus, away from homes
12. State reason for seeking variance (example - music, announcements, construction, etc.): Annual Music Festival

13. 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.

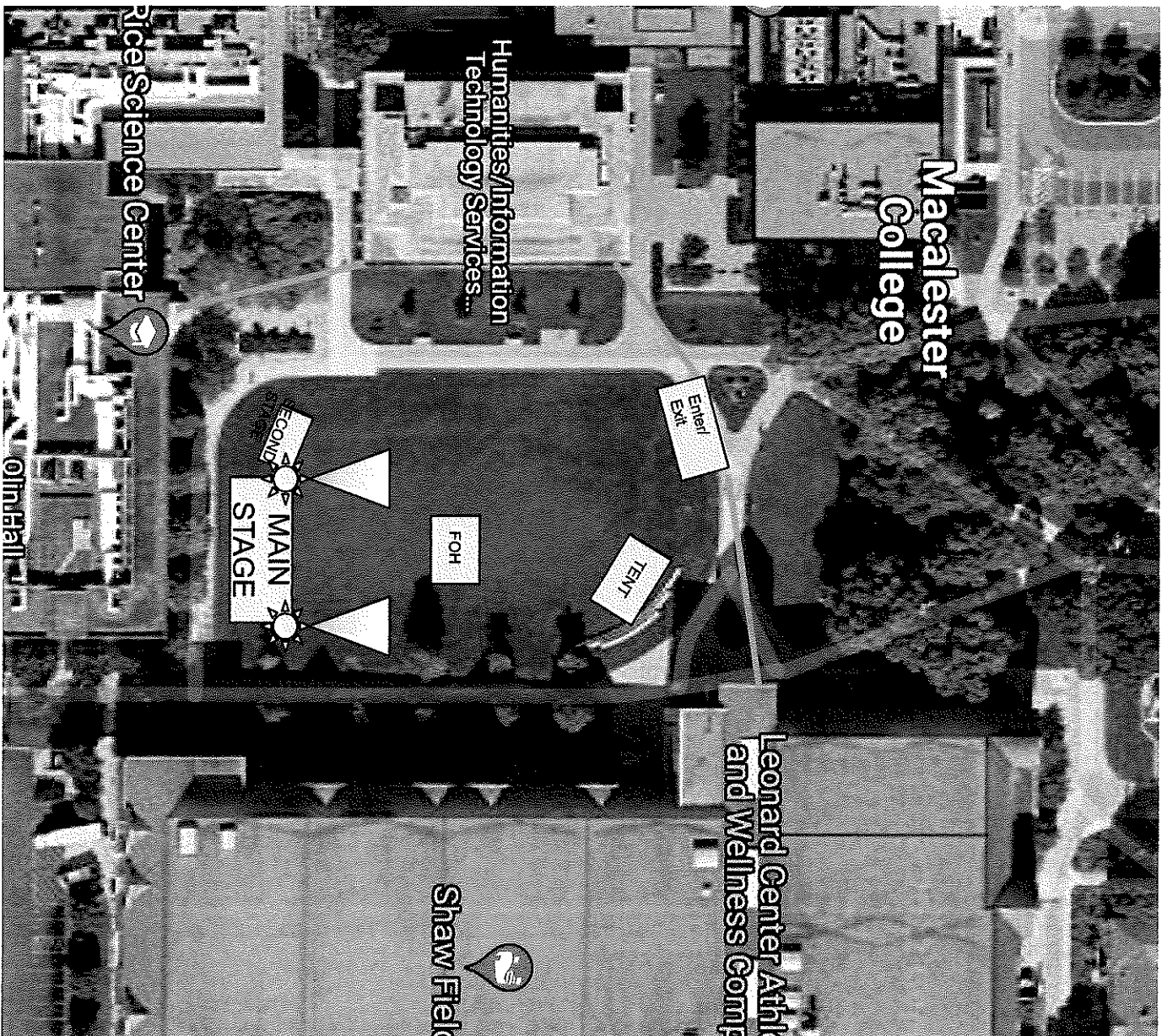
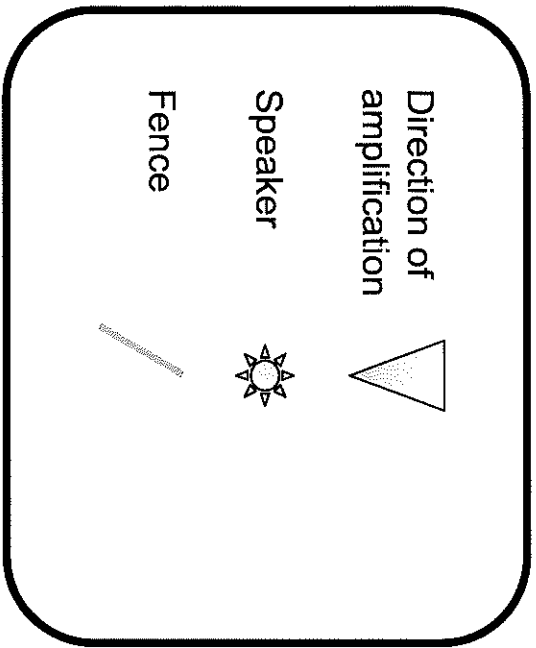
14. Submit completed application, site diagram/map, and \$175.00 fee to:

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

Signature of responsible person: _____

Date: 2/15/2022

AA-ADA-EEO Employer





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: 02/15/2022

Received From: ANDY WILLIAMS dba: MACALESTER COLLEGE
1600 GRAND AVE ST PAUL MN 55105

Description:

Invoice Details

1122944

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	V2263	02/15/2022	\$178.00