

CITY OF SAINT PAUL

Updated

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

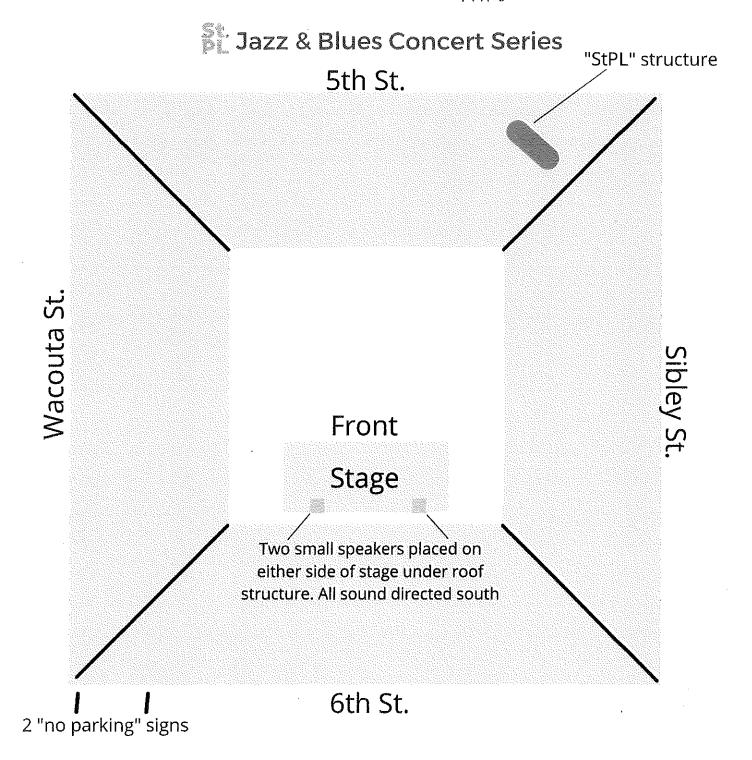
February 2020

Sound Level Variance Application

Legislative Code Chapter 293. - Noise Regulations

Application and \$175 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.

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1. Organization/person seeking varian	ce: One Simple Plan
2. Event Name: StPL Jazz/	3hes
3. Address and physical description of	noise source location (Event, Worksite):
Means Dark	
4. Responsible person: Stone H	eculer Title: Director
5. Telephone: 612-227-310	8 E-Mail: NSO hits & MSN, com
6. Date(s) variance requested:	days: 12:30 pm to 200 pm July 18- Sept
7. Noise source - Time(s) of operation:	
- Time(s) of pre-event so	
8. Sound level requested (dBA/Decibels	5): 9011
9. Mailing address w/zip code: 12	CSF PO BOX 8/62 ST PON 55/08
10. Briefly describe the noise source and	l equipment involved: Amps PA
•	
11. Describe the steps that will be taken	to minimize the noise levels: Db mon for
12. State reason for seeking variance (ex	xample - music, announcements, construction, etc.):
Music to helpo	bring people back down town
13. Maximum number of attendees:	
14. Describe steps that will be taken to p	prevent COVID-19 virus spread: Follow G) Stake Protocols
15. A <u>site diagram & map</u> must be attac	hed showing location of noise source(s), streets, stages, tents, etc. (If
	cation and direction that all speakers will be facing). Multiple
ocations may require more than one an	oplication.
16. Submit completed application, site d	liagram/map, and \$175.00 fee to:
DEPARTMENT OF SAFETY AND INSP	
375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806	JUL 08 2021
understand that any social gathering as	ssociated with this variance must be managed in full compliance
vith all applicable Governor Walz COVII	D-19 orders relating to distancing, masks and attendance limits.
signature of responsible person:	e-1.
ingriature or responsible person:	Date: // 1/2)
1	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: 07/09/2021

Received From: ONE SIMPLE PLAN

509 1ST AVE NE STE 2A MINNEAPOLIS MN 55413

Description:

Invoice Details

Invoice Amount

Amount Paid

1109867

Noise Variance

\$175.00

\$175.00

TOTAL AMOUNT PAID:

\$175.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	3330	07/09/2021	\$175.00