



SAINT PAUL
SAFETY & INSPECTIONS

Received

JUN 16 2025

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, PE(MN), CBO, DIRECTOR

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

City of Saint Paul - DSI

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: Minneota Children's Museum
2. Event Name: Minnesota Children's Museum Annual Block Party
3. Address and physical description of noise source location (Event, Worksite):
10 West 7th Street, St. Paul, MN 55102
4. Responsible person: Sarah Oehlerts Title: Event Manager
5. Telephone: 651-225-6052 E-Mail: soehlerts@mcm.org
6. Date(s) variance requested: Saturday, August 16, 2025
7. Noise source - Time(s) of operation: 7:00 am - 6:00 pm
- Time(s) of pre-event sound check: 9:30 am
8. Sound level requested at 50 feet from noise source (dBA/Decibels): 80-90
9. Mailing address w/zip code: 10 West 7th Street St. Paul, MN 55102
10. Briefly describe the noise source and equipment involved:
Set-up, DJ, Announcements, Crowd Noise and tear down
11. Describe the steps that will be taken to minimize the noise levels:
DJ can turn down the volume and ask event crew to be quieter
12. State reason for seeking variance (example - music, announcements, construction, etc.):
Music, Announcements, Set Up and Tear Down, General Crowd Noise
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:

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

Signature of responsible person: _____

Date: 6/5/2025



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: 06/18/2025

Received From: MINNESOTA CHILDRENS MUSEUM
10 7TH ST PAUL MN 55102

Description:

Invoice Details

1179670

Noise Variance

Invoice Amount

\$178.00

Amount Paid

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	012497	06/18/2025	\$178.00