



E 7/10

### 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: Down Syndrome Association
2. Event Name: Step Up for Down Syndrome Walk
3. Address and physical description of noise source location (Event, Worksite):  
1199 Midway Parkway
4. Responsible person: Courtney Schluender Title: event coordinator
5. Telephone: 651-341-4314 E-Mail: courtney@dsamn.org
6. Date(s) variance requested: Sunday Sept 24th, 2023
7. Noise source - Time(s) of operation: 9:00am-3pm  
- Time(s) of pre-event sound check: 9:00
8. Sound level requested (dBA/Decibels): 90dba@50 feet from speakers
9. Mailing address w/zip code: 656 Transfer Road St. Paul, MN 55114
10. Briefly describe the noise source and equipment involved: singing performance and then DJ for entertainment music for event
11. Describe the steps that will be taken to minimize the noise levels: sound check and decibel readings
12. State reason for seeking variance (example - music, announcements, construction, etc.):  
Just to be on safe side-we have done this for the past 3 years.
13. Maximum number of attendees: 3000
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

I understand any social gathering associated with this variance must be managed in compliance with any applicable Mayor Carter executive order regarding vaccinations, distancing, masks and attendance limits.

Signature of responsible person:  Date: 7/10/2023  
651-341-4314

Please call to pay fee.



Facilities

Parent Groups encouraged to schedule own meetings

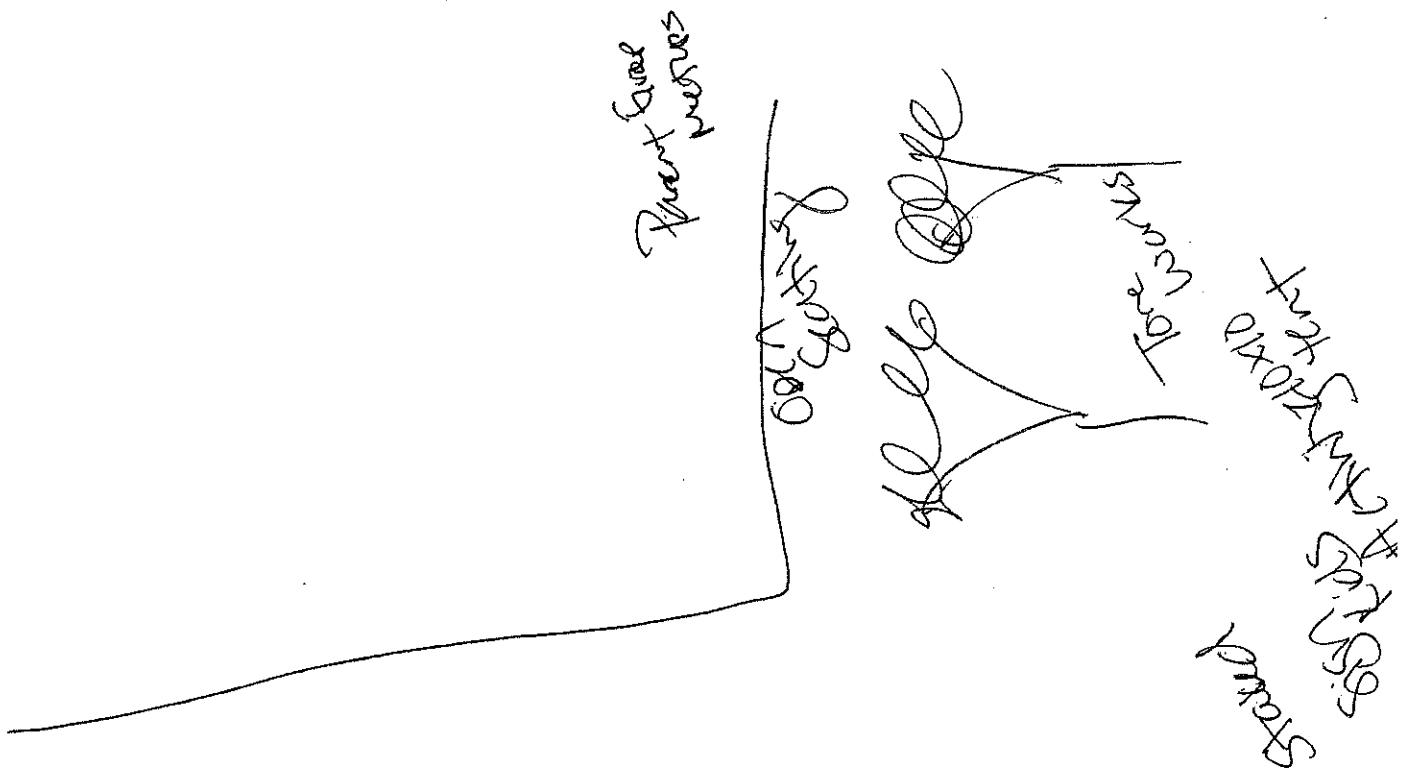
Parent Groups encouraged

Boylebury  
Boylebury  
10x10

10x10 tent  
Full Pavilion

1 tent

~~Line~~  
~~MANAGER~~  
1 tent





# 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](http://www.stpaul.gov/dsi)

Date: 08/28/2023

Received From: DOWN SYNDROME ASSOCIATION  
656 TRANSFER ROAD ST PAUL MN 55114

Description:

Invoice Details	Invoice Amount	Amount Paid
1147016 Noise Variance	\$178.00	\$178.00
<b>TOTAL AMOUNT PAID:</b>		<b>\$178.00</b>

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	MC5346	08/28/2023	\$178.00