



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: Burger Moe's
2. Event Name: Lucky Palooza (3/11/23) & St Patricks Day (3/17/23)
3. Address and physical description of noise source location (Event, Worksite): Burger Moe's parking lot - 242 West 7th Street St Paul MN 55102
4. Responsible person: Moe Shaif Title: owner
5. Telephone: 651-402-9244 E-Mail: moe@downtownwoodfire.com
6. Date(s) variance requested: 3/11/23 & 3/17/23
7. Noise source - Time(s) of operation: 3/11/23 - noon - 11:30 pm, 3/17/23 3pm - 11:30 pm
- Time(s) of pre-event sound check: included ↑ in time (ms)
8. Sound level requested (dBA/Decibels): _____
9. Mailing address w/zip code: 242 West 7th Street St Paul MN 55102
7. Briefly describe the noise source and equipment involved: stage production - 2 bands, 1 DJ (3/17) 1 Band, 1 DJ
- Describe the steps that will be taken to minimize the noise levels: tent cover, to keep level within legal allowance
- State reason for seeking variance (example - music, announcements, construction, etc.): _____
music
- Maximum number of attendees: 200

A site diagram & map must be attached showing location of noise source(s), streets, stages, tents, If there will be amplified sound, indicate location and direction that all speakers will be facing. (multiple locations may require more than one application.)

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

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

Signature of responsible person: _____

Date: _____

4/24/23