

## Received

375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806

Tel: 651-266-8989 | Fax: 651-266-9124

SEP 18 2023

## **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: Holy childhood CAtholic CHURCH   |  |  |  |  |
|----------|--|--|--|--|--|
| 2.       | Event Name: OK To Ben Fest   |  |  |  |  |
| 3.       | 3. Address and physical description of noise source location (Event, Worksite):                                    |  |  |  |  |
|          | 1435 Midway PARKWAY St, PAUL, MN 55/17   |  |  |  |  |
| 4.       | Responsible person: JAMES THOMAS Title: MAIN FRANCE  |  |  |  |  |
| 5.       | Telephone: 763-607-6433 E-Mail: JTHOMAS a) MATERNITY of MAR  |  |  |  |  |
|          | Date(s) variance requested: $10 - 14 - 2023$   |  |  |  |  |
| 7.       | Noise source - Time(s) of operation: 6 to 10   |  |  |  |  |
|          | - Time(s) of pre-event sound check:  |  |  |  |  |
| 8.       | Sound level requested (dBA/Decibels): N/A  |  |  |  |  |
| 9.       | Mailing address w/zip code: 1435 milway PAKKWAY ST, PAUL, MN   |  |  |  |  |
|          | Briefly describe the noise source and equipment involved: Singel and Holordin Dlage                                |  |  |  |  |
|          |  |  |  |  |  |
| 11.<br>J | Describe the steps that will be taken to minimize the noise levels: Down IN Are                                    |  |  |  |  |
| 12.      | State reason for seeking variance (example - music, announcements, construction, etc.):                            |  |  |  |  |
|          | MUSIC  |  |  |  |  |
| 13.      | Maximum number of attendees: <u>300</u>  |  |  |  |  |
| 14.      | A <u>site diagram &amp; map</u> 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).                  |  |  |  |  |
| Mu       | Itiple locations may require more than one application.  |  |  |  |  |
| 15.      | Submit completed application, site diagram/map, and <b>\$178</b> fee to:   |  |  |  |  |
|          | CITY OF SAINT PAUL   |  |  |  |  |
|          | DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON   |  |  |  |  |
|          | STREET, SUITE 220  |  |  |  |  |
|          | SAINT PAUL, MN 55101-1806  |  |  |  |  |
|          |  |  |  |  |  |
|          | nature of responsible person:  |  |  |  |  |
| Sigr     | nature of responsible person:Date:   |  |  |  |  |

CITY OF SAINT PAUL MELVIN CARTER, MAYOR AN AFFIRMATIVE ACTION & EQUAL OPPORTUNITY EMPLOYER

STPAUL.GOV

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## **DSI RECEIPT**

CITY OF SAINT PAUL
Department of Safety and inspections
375 Jackson Street Suite 220
Saint Paul, Minnesota 55101-1808
Phone: (651) 266-9899 Fax: (651) 266-9124
www.stpaul.gov/dsi

Date: 09/21/2023

Received From: JAMES THOMAS dba: HOLY CHILDHOOD CATHOLIC CHURCH

1435 MIDWAY PKWY ST PAUL MN 55117

Description:

Invoice Details **Invoice Amount Amount Paid** 

1147687

\$178.00 Noise Variance \$178.00

**TOTAL AMOUNT PAID:** 

\$178.00

## Paid By:

| Payment Type | Check # | Received Date | Amount   |
|--------------|---------|---------------|----------|
| Credit Card  | V3461   | 09/21/2023    | \$3.00   |
| Check        | 5583    | 09/21/2023    | \$175.00 |