



SAINT PAUL
SAFETY & INSPECTIONS

Received

AUG 14 2024

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, 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: Wabasha Brewing Co.
2. Event Name: Oktoberfest
3. Address and physical description of noise source location (Event, Worksites): 429 Wabasha St South patio area St. Paul, MN
4. Responsible person: Deanna Vastine Title: Event Coordinator
5. Telephone: 763-245-7283 E-Mail: info@wabashabrewing.com
6. Date(s) variance requested: September 27, 28
7. Noise source - Time(s) of operation: 2-8pm - total potential time w/ 30 min breaks
- Time(s) of pre-event sound check: 1:30 pm
8. Sound level requested (dBA/Decibels): 90 decibels
9. Mailing address w/zip code: 429 Wabasha St. South St. Paul, MN 55107
10. Briefly describe the noise source and equipment involved: live music, acoustic with microphone and speaker, 1-3 person groups
11. Describe the steps that will be taken to minimize the noise levels: speaker facing away from neighborhood, sound checks and performance monitoring
12. State reason for seeking variance (example - music, announcements, construction, etc.): live music, 1-3 p
13. Maximum number of attendees: 100
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:

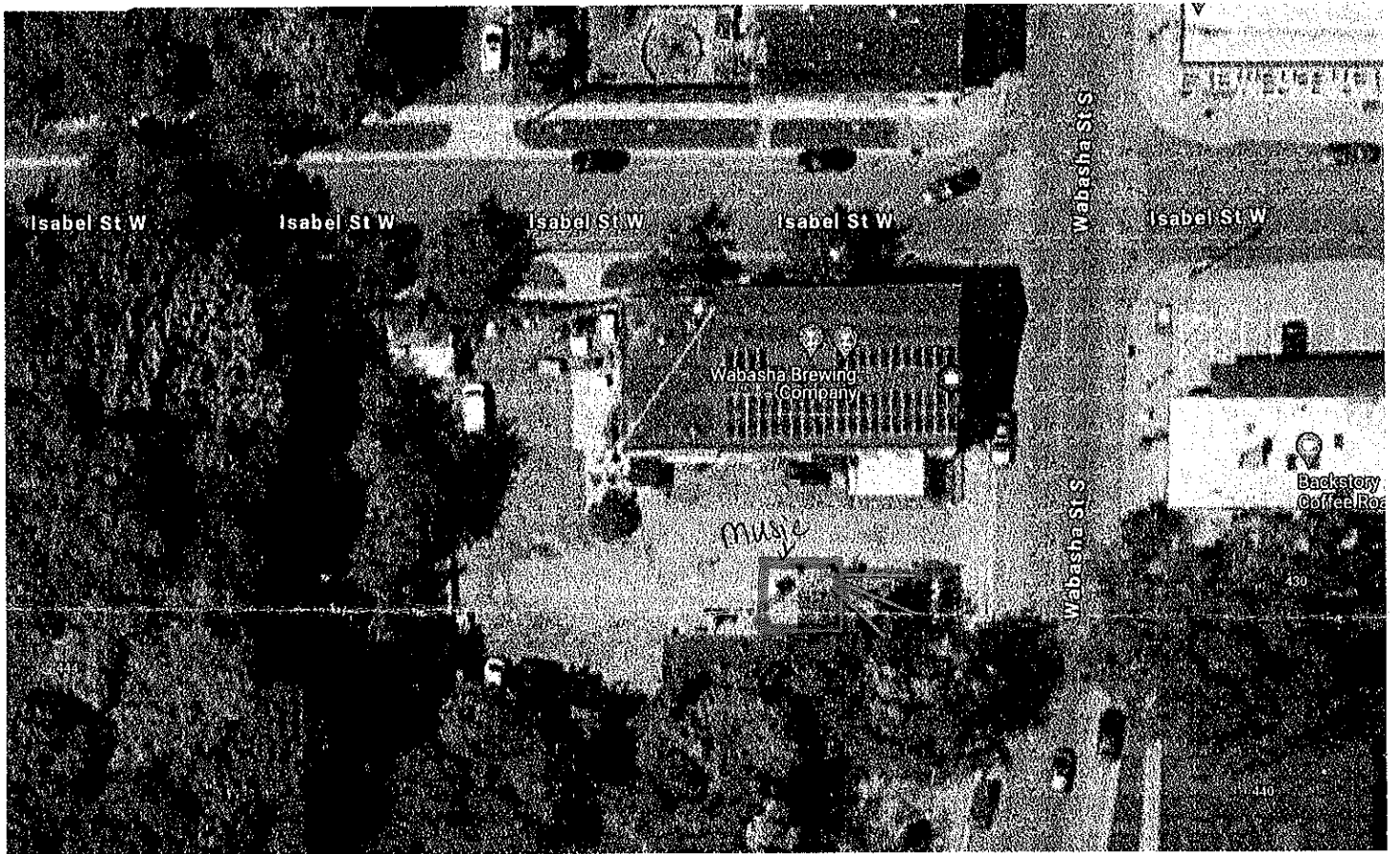
CITY OF SAINT PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON

STREET, SUITE 220

SAINT PAUL, MN 55101-1806

Signature of responsible person: Deanna Vastine Date: 8.8.24





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: 08/21/2024

Received From: WABASHA BREWING COMPANY LLC dba: WABASHA BREWING COMPANY
429 WABASHA ST S UNIT B ST PAUL MN 55107

Description:

Invoice Details

1164071

Noise Variance

Invoice Amount

\$178.00

Amount Paid

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	2835	08/21/2024	\$178.00