



SAINT PAUL
SAFETY & INSPECTIONS

375 Jackson Street, Suite 220

Saint Paul, MN 55101-1806

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

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: PackMaterial, LLC / Shay (Glorius) L. Martin
2. Event Name: The BlackOUT Back-To-School/End of Summer Event
3. Address and physical description of noise source location (Event, Worksite): 1063 Iglehart Avenue
The JK Movement / Jimmy Lee Recreation Center Football Field
4. Responsible person: Shay (Glorius) Le Martin Title: Event Organizer
5. Telephone: 651-261-7206 E-Mail: gloriuslmartin@gmail.com
6. Date(s) variance requested: 8/24/24
7. Noise source - Time(s) of operation: 12-6pm
- Time(s) of pre-event sound check: 10:30a-11:30am
8. Sound level requested (dBA/Decibels): Under 100
9. Mailing address w/zip code: 1916 Lamplight Drive 55125
10. Briefly describe the noise source and equipment involved: Outside stage with speakers and subwoofers
4 DB Technology 18" Subwoofers / 4 DB Technology IG3 Column Arrays / 2 EV 12 inch Floor Monitors
11. Describe the steps that will be taken to minimize the noise levels: We will have a sound guy to make sure the
levels stay under the licensed level.
12. State reason for seeking variance (example - music, announcements, construction, etc.): LIVE performances
and djs
13. Maximum number of attendees: 300
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

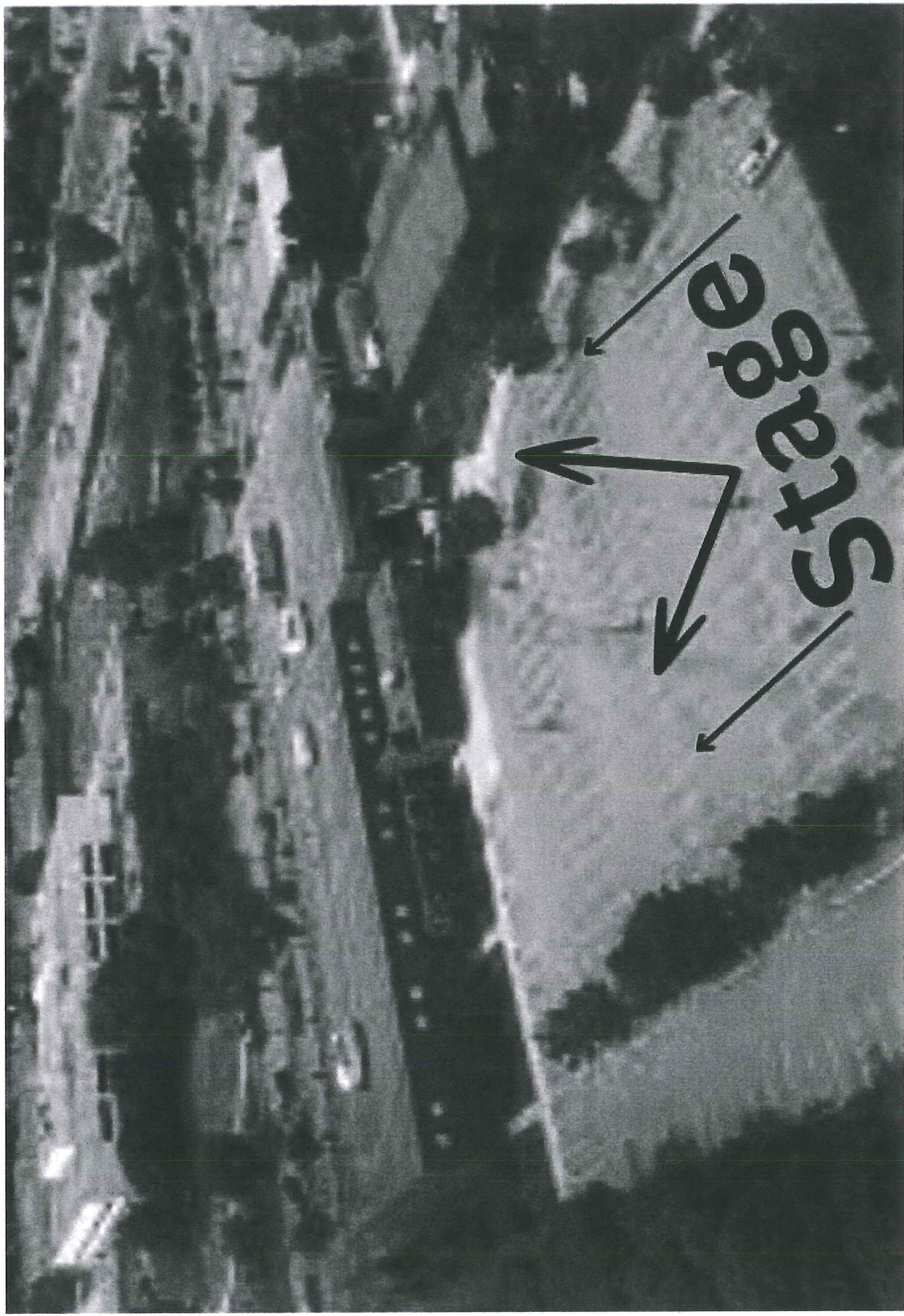
SAINT PAUL, MN 55101-1806

Signature of responsible person: _____

DocuSigned by:

Date: 6/15/24

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The BlackOUT: End of Summer / Back to School
Event



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: 07/23/2024

Received From: PACKMATERIAL
1916 LAMPLIGHT DR MN 55125

Description:

Invoice Details

1163184

Noise Variance

Invoice Amount

Amount Paid

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V3232	07/23/2024	\$178.00

CITY OF SAINT PAUL COUNTER
375 JACKSON ST STE 220
SAINT PAUL, MN. 55101
651-266-9111

SALE

REF#: 00000006

Batch #: 467
07/23/24 13:32:21

SVC FEE APPR CODE: 098685

APPR CODE: 005262

Trace: 6

VISA *****3232
Manual CP
/

AMOUNT \$178.00
SERVICE FEE \$4.43
TOTAL \$182.43

APPROVED

This transaction includes a non-refundable
Service Fee charged by Elavon that will appear
on your credit or debit statement as
[Elavon-Service Fee]
All Service Fee inquiries should be directed to
Elavon 7300 Chapman Hwy Knoxville,
TN 37920 800-725-1243
custsvc@elavon.com

NO REFUNDS ALLOWED
THANK YOU

CUSTOMER COPY