



SAINT PAUL
SAFETY & INSPECTIONS

FEB 21 2025

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, DIRECTOR

City of Saint Paul - DSI

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

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

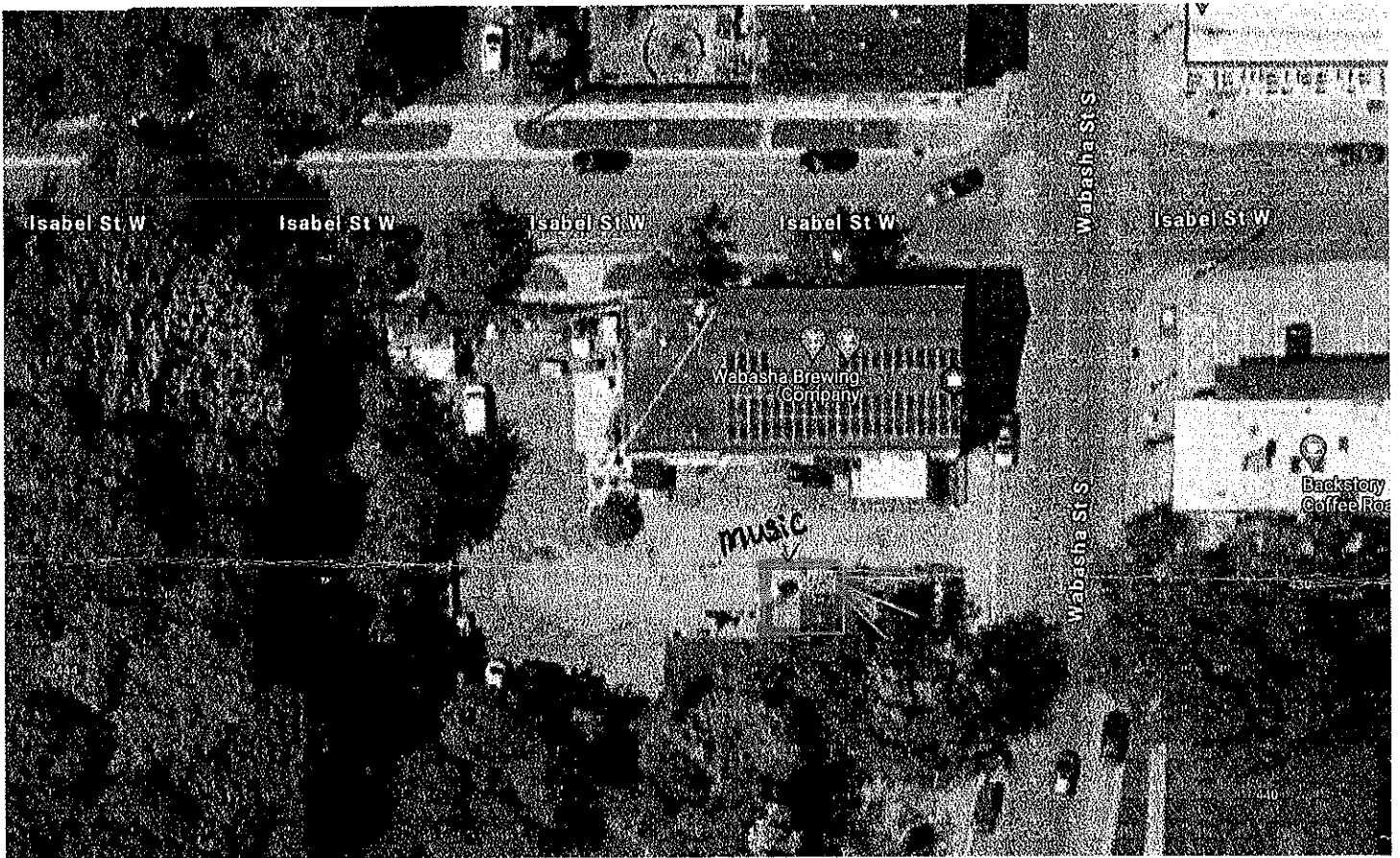
Sound Level Variance Application

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: Wabasha Brewing Co
2. Event Name: Weekends at Wabasha
3. Address and physical description of noise source location (Event, Worksite): live music on patio
429 Wabasha St. S.
4. Responsible person: Deanna Vastine Title: Events Coordinator
5. Telephone: 763-245-7203 E-Mail: deanna@wabashabrewing.com
6. Date(s) variance requested: May 2, 3, 9, 10, 23, 24 June 6, 7, 13, 14, 20, 21, 27, 28
7. Noise source - Time(s) of operation: Fridays 5-9 Saturdays 1-9pm
- Time(s) of pre-event sound check: Fridays 4:30pm Saturdays 12:30
8. Sound level requested (dBA/Decibels): 90 decibels
9. Mailing address w/zip code: 429 Wabasha St. S St. Paul, MN 55107
10. Briefly describe the noise source and equipment involved: Live acoustic music with
amplifier. Instruments may vary with vocals, guitar, keyboard, harmonica
11. Describe the steps that will be taken to minimize the noise levels: amplifier will face Wabasha St.
away from neighborhood. Hourly sound checks to monitor levels
12. State reason for seeking variance (example - music, announcements, construction, etc.): music
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: [Signature]Date: 2-19-25





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: 03/21/2025

Received From: REAL BIG HUGE BREWING COMPANY LLC dba: WABASHA BREWING COMPANY
429 WABASHA ST S ST PAUL MN 55107

Description:

Invoice Details

1176929

Noise Variance

Invoice Amount

\$356.00

Amount Paid

\$356.00

TOTAL AMOUNT PAID:

\$356.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	2869	03/21/2025	\$178.00
Check	2865	03/21/2025	\$178.00