

## Received

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)

JUN 0 8 2022

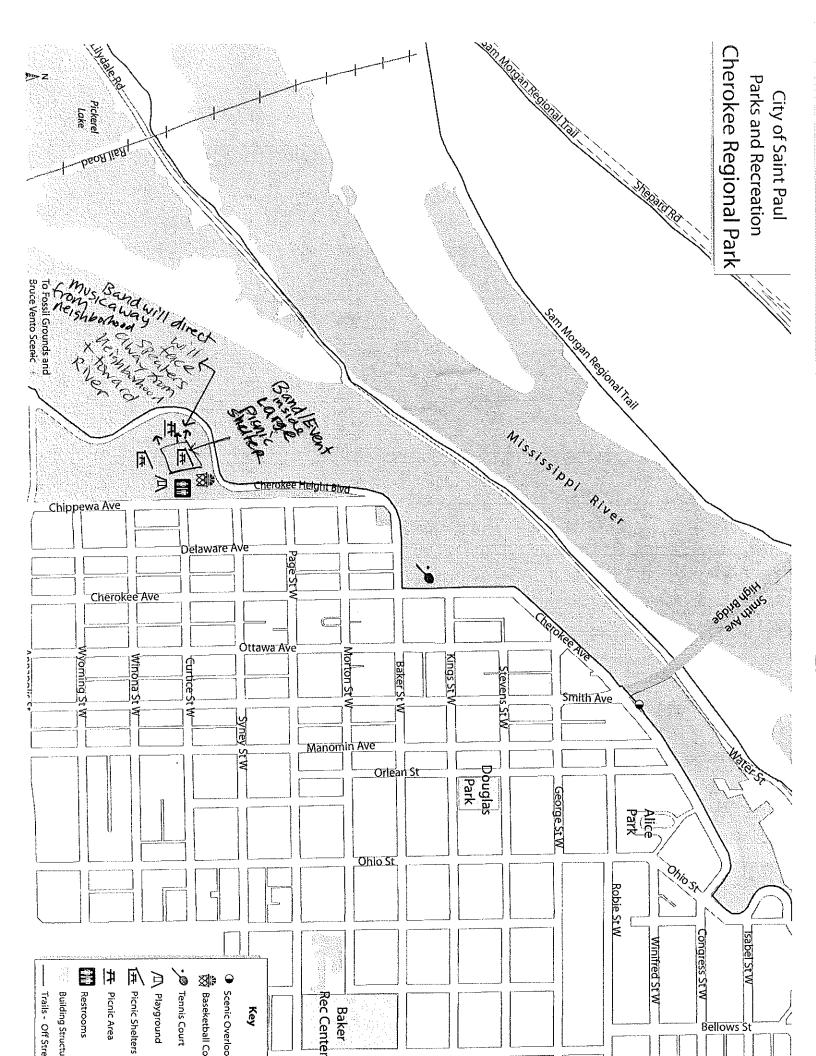
375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

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: Tanya Adelman
2. Event Name: memorial for Ira Adelman (my father)
3. Address and physical description of noise source location (Event, Worksite): Cherokee Regional & Ch
large picnic shelter, 700 Cherokee Heights Blud, St Paul, MN 55107
4. Responsible person: Tanya Adelman Title:
5. Telephone: 651-341-5656 E-Mail: tanyaadelman @gmail.com
6. Date(s) variance requested: 09/10/2022
7. Noise source - Time(s) of operation: 12pm - 1pm (   hour of music )
- Time(s) of pre-event sound check: 11 am
8. Sound level requested (dBA/Decibels): <u>less than 90 db</u>
9. Mailing address w/zip code: 2212 Scheffer Ave, St Paul, MN 55116
10. Briefly describe the noise source and equipment involved: Small 1022 band -
amplified yazz guitar, microphone for singing, electric plano
11. Describe the steps that will be taken to minimize the noise levels: play classic jazzthat
tends to be gireler, midday, ontrido, will set speaters low volume
12. State reason for seeking variance (example - music, announcements, construction, etc.): _ Music_
13. Maximum number of attendees: & O
<b>14.</b> 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.
Multiple locations may require more than one application.) $4\log 4$
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
I understand any social gathering associated with this variance must be managed in compliance with any applicable Mayor Carter executive order regarding vaccinations, distancing, masks and attendance limits.
Signature of responsible person: Date: 06/03/2022





## **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: 06/09/2022

Received From: TANYA ADELMAN

2212 SCHEFFER AVE ST PAUL MN 55116

Description:

**Invoice Details** 

**Invoice Amount** 

**Amount Paid** 

1126820

Noise Variance

\$178.00

\$178.00

**TOTAL AMOUNT PAID:** 

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	2669	06/09/2022	\$178.00