



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: Visit Saint Paul/Bridget McCoy
2. Event Name: NCHC Fan Fest 2023
3. Address and physical description of noise source location (Event, Worksite):
Patio of Apostle Supper Club - 253 Kellogg Blvd, St Paul, MN 55102
4. Responsible person: Bridget McCoy Title: Client Engagement Manager
5. Telephone: 651.265.4903 E-Mail: bmccoy@visitsaintpaul.com
6. Date(s) variance requested: March 17 & 18, 2023
7. Noise source - Time(s) of operation: March 17: 2pm-6pm, March 18: 3pm-7pm
- Time(s) of pre-event sound check: March 17: 1pm, March 18: 2pm
8. Sound level requested (dBA/Decibels): _____
9. Mailing address w/zip code: 175 Kellogg Blvd W, St Paul, MN 55102
10. Briefly describe the noise source and equipment involved: _____
a dj will provide music for the duration of the event
11. Describe the steps that will be taken to minimize the noise levels: _____
professional dj will be used to ensure quality control of levels
12. State reason for seeking variance (example - music, announcements, construction, etc.): _____
music for entertainment at fan fest event
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**

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: Bridget McCoy Digitally signed by Bridget McCoy Date: 2023.02.23 11:24:21 -06'00' Date: 2.23.23





DSI RECEIPT

C
Del
375
St
Ph
ww

DSI
375 JACKSON ST STE 220
SAINT PAUL, MN. 55101-18
651-266-9111

SALE

Date: 02/23/2023

Received From: VISIT SAINT PAUL
175 KELLOGG BLVD W STE 502 ST PAUL MN 55102

REF#: 00000003

Description:

Batch #: 408
02/23/23 14:31:34
SVC FEE APPR CODE: 087803
APPR CODE: 066745
Trace: 3
VISA Manual CP
*****4060 ***

Invoice Details

Invoice Amount

1141491
Noise Variance \$178.00

TOTAL AMOUNT PAID:

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

Paid By:

| Payment Type | Check # | Received Date | Amount |
|--------------|---------|---------------|----------|
| Credit Card | V4060 | 02/23/2023 | \$178.00 |

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 800-725-1213
exec@elavon.com

NO REFUNDS ALLOWED
THANK YOU

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