E - 4-3-24

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SAINT PAUL
SAFETY & INSPECTIONS

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

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:* Ruck B Media/Kyle Rucker
2. *Event Name:* St. Paul Pride Festival & ~~Parade~~ Open Street Launch Party
3. *Address and physical description of noise source location (Event, Worksite):* 6th Street E between Wacouta St & Sibley St
4. *Responsible person:* Kyle Rucker *Title:* Owner, Ruck B Media
5. *Telephone:* 612-298-6651 *E-Mail:* ruckbmedia@gmail.com
6. *Date(s) variance requested:* June 15, 2024
7. *Noise source - Time(s) of operation:* 10 am-2pm
   - Time(s) of pre-event sound check: 8 am
8. *Sound level requested (dBA/Decibels):* 95dba
9. *Mailing address w/zip code:* 6 W 5th St, Suite 300F, St. Paul MN 55102
10. *Briefly describe the noise source and equipment involved:* Live music on the closed street directly in front of the Bulldog Lowertown.
11. *Describe the steps that will be taken to minimize the noise levels:* We will have a sound technician on site to minimize any unnecessary volumes
12. *State reason for seeking variance (example - music, announcements, construction, etc.):* St. Paul Pride Festival & Parade Launch Party live music
13. *Maximum number of attendees:* 1500
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: _____ **Date:** 4/2/2024

STAGE
SPONSOR
SIXTH ST E
SPONSOR
MEARS PARK

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: 04/19/2024

Received From: RUCK B MEDIA
6 5TH ST STE 300F ST PAUL MN 55102

Description:

Invoice Details	Invoice Amount	Amount Paid
1160263		
Noise Variance	$356.00	$356.00

TOTAL AMOUNT PAID: **$356.00**

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V9710	04/19/2024	$356.00