SAINT PAUL
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, PE(MN), CBO, 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:* Marcela Vega

**2.** *Event Name:* Chicano Fest

**3.** *Address and physical description of noise source location (Event, Worksite):* 235 Marshall Ave, St. Paul, 55102 Large parking lot, in front of large parking ramp, music facing the highway.

**4.** *Responsible person:* Enrique Alvarez *Title:* Organizer

**5.** *Telephone:* 651 485 7513 *E-Mail:* mysterymachinetc@gmail.com

**6.** *Date(s) variance requested:* July 12th 2025

**7.** *Noise source - Time(s) of operation:* 1pm - 9pm

*- Time(s) of pre-event sound check:* 12pm - 1pm

**8.** *Sound level requested at 50 feet from noise source (dBA/Decibels):* 110 dB

**9.** *Mailing address w/zip code:* 611 Pascal St. N. St. Paul MN 55104

**10.** *Briefly describe the noise source and equipment involved:* 2 600watt bass subs, 2 400 watt speakers, 2 300 watt monitors, 2 2000watt stereo amps powering the system.

**11.** *Describe the steps that will be taken to minimize the noise levels:* Full time sound monitoring, use the parking ramp to block some sound, face the highway, ensure safety of attendees.

**12.** *State reason for seeking variance (example - music, announcements, construction, etc.):* Various styles of performers and music that may require adjustments, large venue, announcements, security.

**13.** *Maximum number of attendees:* 6000

**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:** Marcela Vega **Date:** 05-21-2025

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# 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:** 05/21/2025

**Received From:** MARCELA VEGA
611 PASCAL ST N ST PAUL MN 55104

**Description:**

| Invoice Details | Invoice Amount | Amount Paid |
|---|---|---|
| 1178780 | | |
| Noise Variance | $178.00 | $178.00 |

**TOTAL AMOUNT PAID:** **$178.00**

**Paid By:**

| Payment Type | Check # | Received Date | Amount |
|---|---|---|---|
| Cash | | 05/21/2025 | $178.00 |