

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

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

Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

## **Sound Level Variance Application**

City of Saint Paul Noise Ordinance (Chapter 293)

<u>Note:</u> A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.

1. Organization/person seeking variance: Mn AIDS Project	
2. Mailing Address w/zip code: 1400 Park Ave. Minneapolis	Mn
1 10	e: Development Coordinator
4. Event Name: Minnesota AIDS Walk	
5. Telephone: (612) 870.9435 E-Mail: both. mega	son mnaidsproject.org
6. Date(s) during which the variance is requested: Smlag, Ma.	1 17 2015
7. Noise source - Time(s) of operation: 10:30 - 1:00 pm	)
- Time(s) of pre-event sound check: NA	
8. Address or legal description of Noise source: Intersection of Mississippi River Blvd. N & Cretin Au	
9. Sound level requested: 85 decib.	
<b>10.</b> Describe the noise source and all equipment involved: (1) $\mathbb{R}_{a}$ $\mathbb{R}_{b}$	Station van
<b>11.</b> Describe the steps that will be taken to minimize the noise levels:_	We will Communicate the sound
level with the operator and have some leader	s spot check during drive-bys.
12. State reason for seeking variance: (E.g. music, announcements, co	nstruction, etc.) Music
13. Attach site diagram showing location of noise source(s), streets, st	ages, tents, etc. (If there will be amplified
sound, indicate location and direction that all speakers will be facing.)	
<b>14.</b> Return completed Application, Site Diagram, and <b>\$164.00 fee</b> 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: 4/12/15