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JUL 0 6 2021

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

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

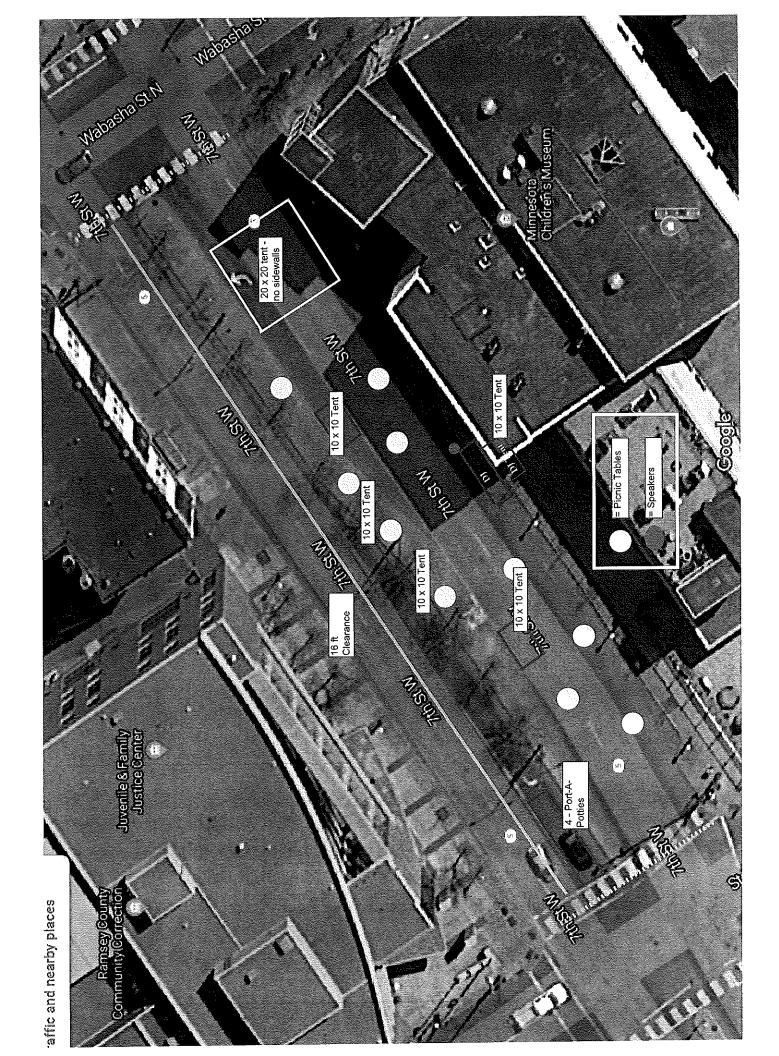
February 2020

Sound Level Variance Application

Legislative Code Chapter 293. - Noise Regulations

Application and \$175 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.

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1. Organization/person seeking variance: Minnes of a Children's Muxum
2. Event Name: Clebration of Play Dock Paty
3. Address and physical description of noise source location (Eyent, Worksite):
10 West Swerth Street St. Paul Mn 55102
4. Responsible person: Sauh Others Title: Eurs Manax
5. Telephone: 1012-840-1809 E-Mail: Sochlerts & mcm. Ora
6. Date(s) variance requested: 08/14/2021
7. Noise source - Time(s) of operation: $\frac{100000-30000}{100000000000000000000000000000000$
- Time(s) of pre-event sound check: $9:30$ $9:30$
8. Sound level requested (dBA/Decibels): 90-100
9. Mailing address w/zip code: 10 West Seventh Street St Paul Mn 55102
10. Briefly describe the noise source and equipment involved: DJ Sea Ves
11. Describe the steps that will be taken to minimize the noise levels: \\(\int\) (\(\int\) (\(\int\))
the volumn by wing DT to turn down music
12. State reason for seeking variance (example - music, announcements, construction, etc.):
play music to make the block pary more festive
13. Maximum number of attendees: 1,000 thoughout the day
14. Describe steps that will be taken to prevent COVID-19 virus spread: YMGN COLGED TO GIL
Visitors, and sunitry surfaces hand sunifice available
15. A <u>site diagram & 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.
16. Submit completed application, site diagram/map, and \$175.00 fee to: CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806
I understand that any social gathering associated with this variance must be managed in full compliance with all applicable Governor Walz COVID-19 orders relating to distancing, masks and attendance limits.
Signature of responsible person: AA-ADA-EEO Employer Date: 4/1/2/20 2
AA-ADA-EEU Employer





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: 07/08/2021

Received From: MINNESOTA CHILDREN'S MUSEUM

10 7TH ST PAUL MN 55102

Description:

Invoice Details Amount Paid Invoice Amount

1109840

\$175.00 Noise Variance \$175.00

\$175.00 **TOTAL AMOUNT PAID:**

Paid By:

Payment Type	Check #	Received Date	Amount
Check	101026	07/08/2021	\$175.00