

CITY OF SAINT PAUL

JUN 07 2021

Business Licensing 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

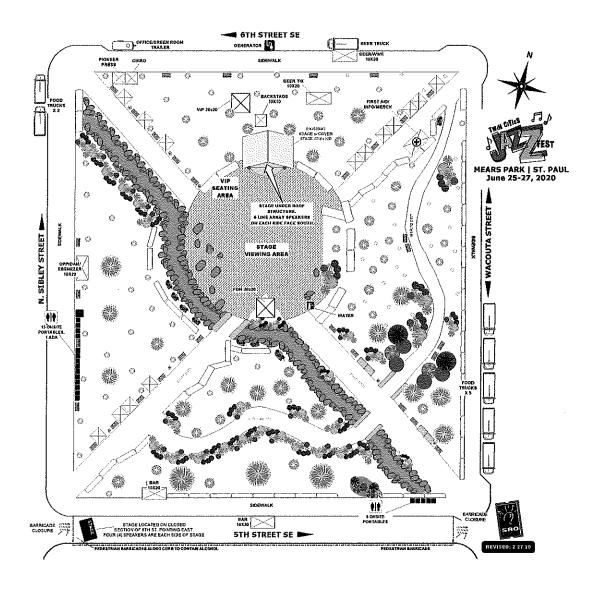
February 2020

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.

1. Organization/person seeking variance: TWIN CITIES TAZZ FESTING				
. Event Name: TWIN CITIES JAZZ FESTINAL				
3. Address and physical description of noise source location (Event, Worksite): Mecrs 2000				
4. Responsible person: Steve 1-leckler Title: Executive Director				
5. Telephone: 612-227-3108 E-Mail: NSChits & MSN, con				
6. Date(s) variance requested: $\frac{Spt}{Spt}$				
7. Noise source - Time(s) of operation: 10m to 9:30 PM				
- Time(s) of pre-event sound check: 10 AM				
8. Sound level requested (dBA/Decibels): 924				
9. Mailing address w/zip code: 10 Box 8162 St Parl 55108				
10. Briefly describe the noise source and equipment involved: <u>PA, Amys</u>				
11. Describe the steps that will be taken to minimize the noise levels: 1 we ter, LINC- Array				
12. State reason for seeking variance (example - music, announcements, construction, etc.): ーとられい。 し				
13. Maximum number of attendees: $\frac{1}{2}$				
14. Describe steps that will be taken to prevent COVID-19 virus spread: Lill (6) collection of the col				
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: Date: (5/3/202)				
AA-ADA-EEO 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: 06/09/2021

Received From: TWIN CITIES JAZZ FESTIVAL

PO BOX 8162 ST PAUL MN 55108

Description:

Invoice Details

Invoice Amount

Amount Paid

1109005

Noise Variance

\$175.00

\$175.00

TOTAL AMOUNT PAID:

\$175.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	10177	06/09/2021	\$175.00