



SAINT PAUL
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)

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: The Leukemia & Lymphoma Society, Inc.
2. Event Name: The Leukemia & Lymphoma Society's Light the Night
3. Address and physical description of noise source location (Event, Worksite): Harriet Island- 200 Dr Justus Ohage Blvd, St Paul, MN 55107 at event site
4. Responsible person: Kortney Hamm Title: Executive Director, Upper Plains
5. Telephone: 262-785-424 E-Mail: kortney.hamm@lls.org
6. Date(s) variance requested: Thursday, September 21st, 2023
7. Noise source - Time(s) of operation: 4:00 pm - 9:00 pm
- Time(s) of pre-event sound check: 4:00 pm
8. Sound level requested (dBA/Decibels): 85 at 50'
9. Mailing address w/zip code: 1711 Broadway St NE, Minneapolis, MN 55413
10. Briefly describe the noise source and equipment involved: Sound system and speakers for our SL100 stage will be used for our opening ceremony, music will play throughout the event, and small speakers will play quiet music in remembrance area
11. Describe the steps that will be taken to minimize the noise levels: I will download the app to measure dBA levels on my phone and consistently make sure the dBA is at the appropriate level. We will also have AV staff there to monitor equipment and levels.
12. State reason for seeking variance (example - music, announcements, construction, etc.): Music, announcements & opening ceremony
13. Maximum number of attendees: 2000
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: This will be paid by card over the phone.
CITY OF SAINT PAUL, DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806

I understand any social gathering associated with this variance must be managed in compliance with any applicable Mayor Carter executive order regarding vaccinations, distancing, masks and attendance limits.

Signature of responsible person: Kortney Hamm Date: 07/06/2023 | 10:18 AM EDT
DocuSigned by: FF13AA848290447...

Light the Night Twin Cities 2023

Harriet Island
200 Dr Justus Ohage Blvd,
St Paul, MN 55107
September 21st, 2023

PREPARED BY:

OP 3

EVENTS

Key

10x10	Medical	Light Tower
10x20	Barricades	Words of Light
20x40	Toilets	Cable Ramps
Vendor Bringing	Arch	Stanchion
	Dumpster	Generator

ADA & VIP Parking

Team Photos

Clarence W. Wigington Pavilion

Eating Area

VIP

Words of Light

Medical

Tailgate Zone

Kid's Zone

2 Bounce Houses

Hydration Station

Survivor

Lanterns

T-shirts

Donation Collections

Remembrance Area

Food Trucks

Mission Golf Cart

MAIN ENTRANCE

West Water Street

Speakers will be facing towards West Water St and sound will head that way.

SL100 stage will have sound system and speakers. This will be the same setup as last year.

The remembrance area will have two small speakers to play quiet, somber music inside of it.

*** dBA's will consistently be checked throughout the duration of the event.



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: 07/13/2023

Received From: THE LEUKEMIA & LYMPHOMA SOCIETY
1711 BROADWAY ST NE MINNEPOLIS MN 55413

Description:

Invoice Details

1145806

Noise Variance

Invoice Amount

\$178.00

Amount Paid

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V4281	07/13/2023	\$178.00