

## Received angle wiese, director

MAR 0 4 2024

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

Tel: 651-266-8989 | Fax: 651-266-9124

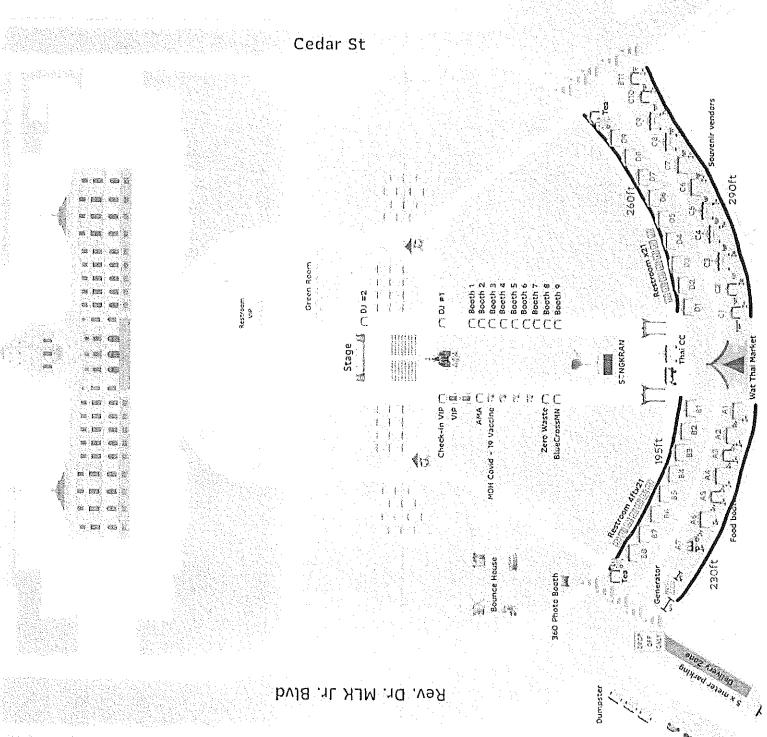
City of Saint Paul DS

## **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: _That WITURN Council of MN				
	Event Name: MN Schakran Festival 2024				
	Address and physical description of noise source location (Event, Worksite): 45 Rev Dr				
	Martin Luther King Jr. Blvd St. Paul MN 55155				
4.	Responsible person: Furah Meenukunit Title: Project Coordinator.				
5.	Telephone: 320 434 3279 E-Mail: Faran @thaiculturalcunalmu.com				
6.	Date(s) variance requested: May 14th - May 19th 2024				
7.	Noise source - Time(s) of operation: 11AM - 9PM (Both day).				
	- Time(s) of pre-event sound check: SAM				
8.	Sound level requested (dBA/Decibels): 85 dBA				
9.	Mailing address w/zip code: 2544 Highway 100 South St. Louis Park MN 55416				
10.	Briefly describe the noise source and equipment involved: Line anay public Address				
	gystem.				
11.	Describe the steps that will be taken to minimize the noise levels: <u>Une array PA will</u>				
	he directed towards listening area				
1 <i>2</i> .	State reason for seeking variance (example - music, announcements, construction, etc.):Mosic				
	Maximum number of attendees: 20,000 each day				
	A <u>site diagram &amp; map</u> must be attached showing location of noise source(s), streets, stages, tents, etc.  There will be amplified sound, indicate location and direction that all speakers will be facing).				
	Itiple locations may require more than one application.				
	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:





## **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: 03/11/2024

Received From: MN SENGKRAN FESTIVAL

2544 HIGHWAY 100 S ST LOUIS PARK MN 55416

Description:

Invoice Details

Invoice Amount

**Amount Paid** 

1159102

Noise Variance

\$178.00

\$178.00

**TOTAL AMOUNT PAID:** 

\$178.00

word ary:

Payment Type	Check #	Received Date	Amout
Credit Card	V2093	03/11/2024	\$178.00