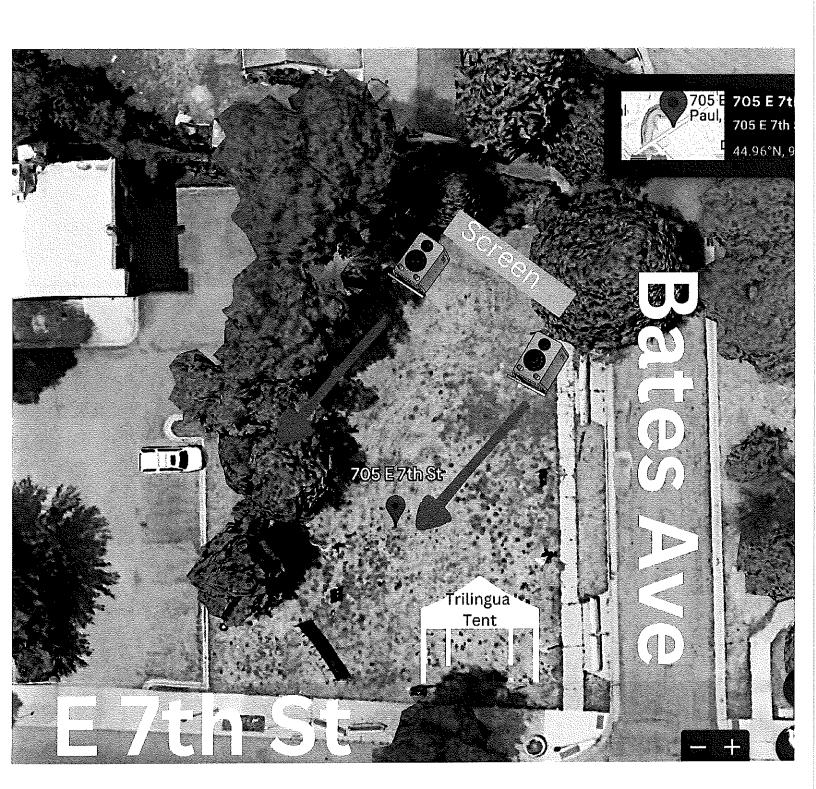


375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

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: TriLingua Ci	nema
2. Event Name: Summer 2023 Screenings	
3. Address and physical description of noise source locat 705 E. 7th St. Saint Paul, MN 55106 ie East Side Sc	ion (Event, Worksite):ulpture Park
4. Responsible person: Geordie Flantz	Title:
5. Telephone: 507 469 9199	E-Mail: trilinguacinema@gmail.com
6. Date(s) variance requested: 7/29/23, 8/12/2023, 8/2	26/2023
7. Noise source - Time(s) of operation: 7pm - 11pm	· · · · · · · · · · · · · · · · · · ·
- Time(s) of pre-event sound check: none	New Control of the Co
8. Sound level requested (dBA/Decibels): 90	
9. Mailing address w/zip code: 718 Sims Ave. Saint P	aul, MN 55106
10. Briefly describe the noise source and equipment involcomes from 2 powered speakers.	ved: Free outdoor film screenings. The sound
11. Describe the steps that will be taken to minimize the n	
Speakers pointed away from residences and toward metro state parking	ng ramp, decibels countinuously monitored.
12. State reason for seeking variance (example - music, a free community film screenings.	nnouncements, construction, etc.):
13. Maximum number of attendees: 100	
14. A <u>site diagram & map</u> must be attached showing loca	tion of noise source(s), streets, stages, tents,
etc. (If there will be amplified sound, indicate location and	l direction that all speakers will be facing.
Multiple locations may require more than one application	
15. Submit completed application, site diagram/map, and CITY OF SAINT PAUL, DEPARTMENT OF SAFETY AI INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806	
I understand any social gathering associated with this value any applicable Mayor Carter executive order regarding values. Signature of responsible person:	





DSI RECEIPT

CITY OF SAINT PAUL

Department of Safety and Inspections 375 Jackson Street Suite 220 Saint Paul, Minnesola 55101-1806 Phone: (651) 266-8989 Fax: (651) 266-9124 www.stpaul.gov/dsi

Date: 06/16/2023

Received From: TRILINGUA CINEMA

718 SIMS AVE ST PAUL MN 55106

Description:

Invoice Details

Invoice Amount

Amount Paid

1144988

Noise Variance

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V1205	06/16/2023	\$178.00