



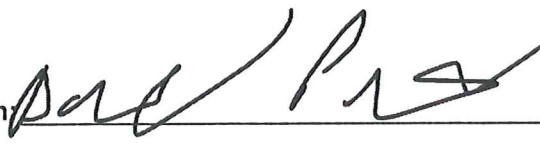
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### Sound Level Variance Application

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: High Society Ink. LLC
2. Event Name: Capital City Fest
3. Address and physical description of noise source location (Event, Worksite): \_\_\_\_\_  
425 Rice St. St. Paul, MN 55103
4. Responsible person: David Powell Title: Organizer
5. Telephone: 651-434-9948 E-Mail: depthboy@gmail.com
6. Date(s) variance requested: 9-21-2024
7. Noise source - Time(s) of operation: 12pm-7pm  
- Time(s) of pre-event sound check: 10am
8. Sound level requested (dBA/Decibels): 70db 95db
9. Mailing address w/zip code: 3449 Arcade St. St. Paul, MN 55127
10. Briefly describe the noise source and equipment involved: music stage amplifiers and PA system
11. Describe the steps that will be taken to minimize the noise levels: controlled volume levels
12. State reason for seeking variance (example - music, announcements, construction, etc.): \_\_\_\_\_  
music performance and wrestling PA system
13. Maximum number of attendees: 3,000
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:

CITY OF SAINT PAUL  
DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON  
STREET, SUITE 220  
SAINT PAUL, MN 55101-1806

Signature of responsible person:  Date: \_\_\_\_\_



Duffin

Victoria St

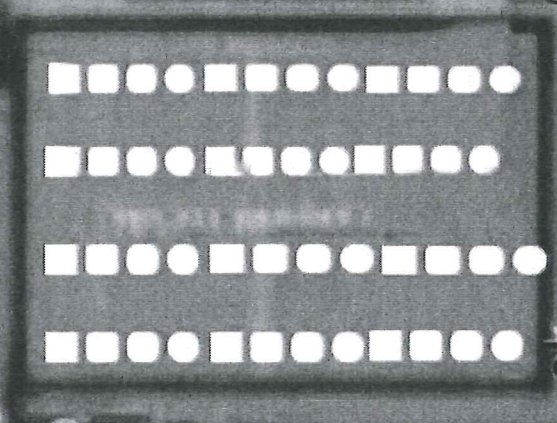
Restroom

Garage show



Wrestling

Vendors

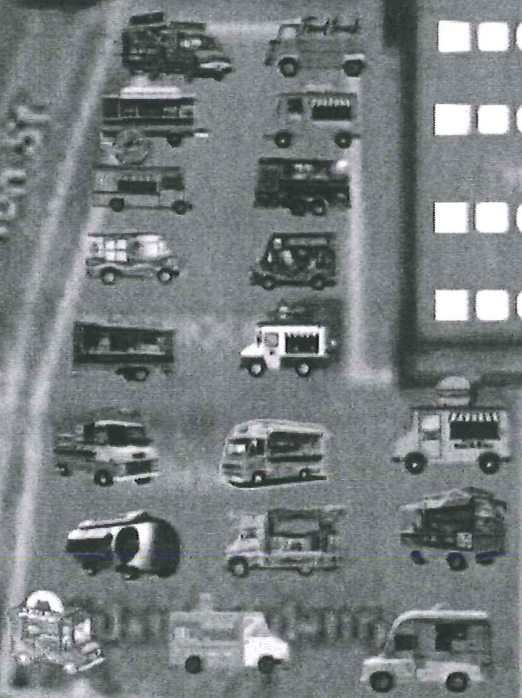


Parking

Kids zone

Stage

McCowan St





# 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: 08/05/2024

Received From: HIGH SOCIETY INK LLC  
3449 ARCADE ST ST PAUL MN 55127

Description:

Invoice Details

1163733

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	V0743	08/05/2024	\$178.00