



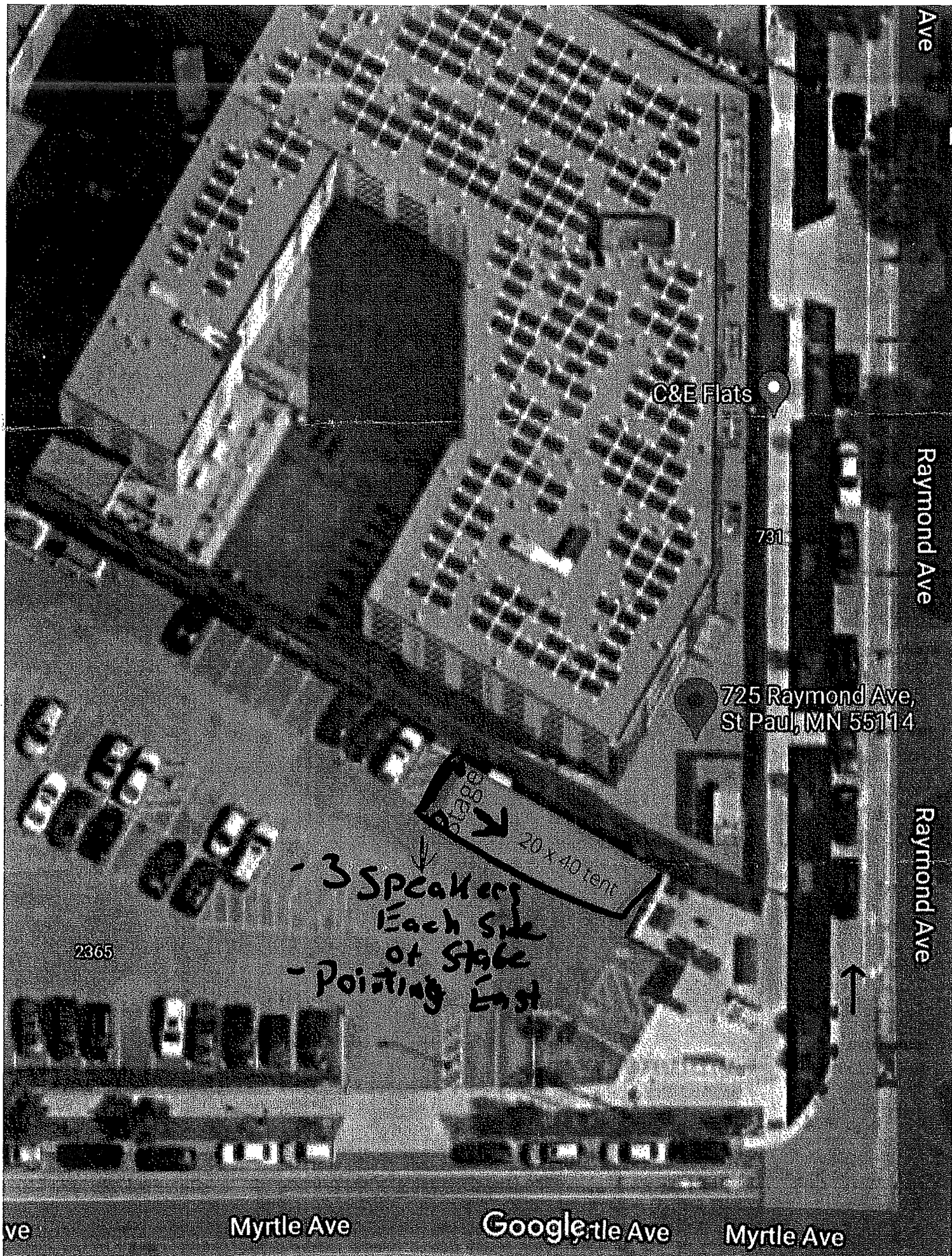
Sound Level Variance Application

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: Dual Citizen Brewing
2. Event Name: Summer Concert Series
3. Address and physical description of noise source location (Event, Worksite): 725 Raymond Ave
Band Performances in our outdoor service area under the tent
4. Responsible person: Mike Ruff Title: Manager
5. Telephone: (612) 804-6776 E-Mail: hsrhits@msn.com
6. Date(s) variance requested: June 3, July 12 & August 12
7. Noise source - Time(s) of operation: 6PM to 10PM
- Time(s) of pre-event sound check: 3PM
8. Sound level requested (dBA/Decibels): 95db @ 50 ft
9. Mailing address w/zip code: 725 Raymond Ave, St Paul, MN 55114
10. Briefly describe the noise source and equipment involved: Amps, PA 3 speakers on each
side of stage
11. Describe the steps that will be taken to minimize the noise levels: db monitor
12. State reason for seeking variance (example - music, announcements, construction, etc.): _____
monthly concert series
13. Maximum number of attendees: 90
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**

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: _____ Date: 4/10/2023





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: 03/20/2023

Received From: DUAL CITIZEN BREWING dba: SUMMER CONCERT SERIES
175 RAYMOND AVE ST PAUL MN 55114

Description:

Invoice Details

1142364

Noise Variance

Invoice Amount

\$178.00

Amount Paid

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	10497	03/20/2023	\$178.00