



## 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: Damilola Adebayo / RCCG Restoration Chapel
2. Event Name: Church Program
3. Address and physical description of noise source location (Event, Worksite): 1414 Street Albans Sp. N, St Paul MN 55117
4. Responsible person: Damilola Adebayo Title: \_\_\_\_\_
5. Telephone: 6514043462 E-Mail: Prettydammyalao@yahoo.com
6. Date(s) variance requested: 06/29/24
7. Noise source - Time(s) of operation: 3:00pm - 8:00pm  
- Time(s) of pre-event sound check: 2pm
8. Sound level requested (dBA/Decibels): 100 Decibels
9. Mailing address w/zip code: 1535, Como Ave St Paul MN 55108
10. Briefly describe the noise source and equipment involved: 2 subwoofer 21 inches - 4 Line array 10 inches - 4 monitors 15 inches
11. Describe the steps that will be taken to minimize the noise levels: Position of the speakers far from the residential buildings i.e. speakers will be placed on the north side.
12. State reason for seeking variance (example - music, announcements, construction, etc.): \_\_\_\_\_  
Church program
13. Maximum number of attendees: 150 - 200
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: 337 7th St W ST PAUL MN 55102  
Appt #228

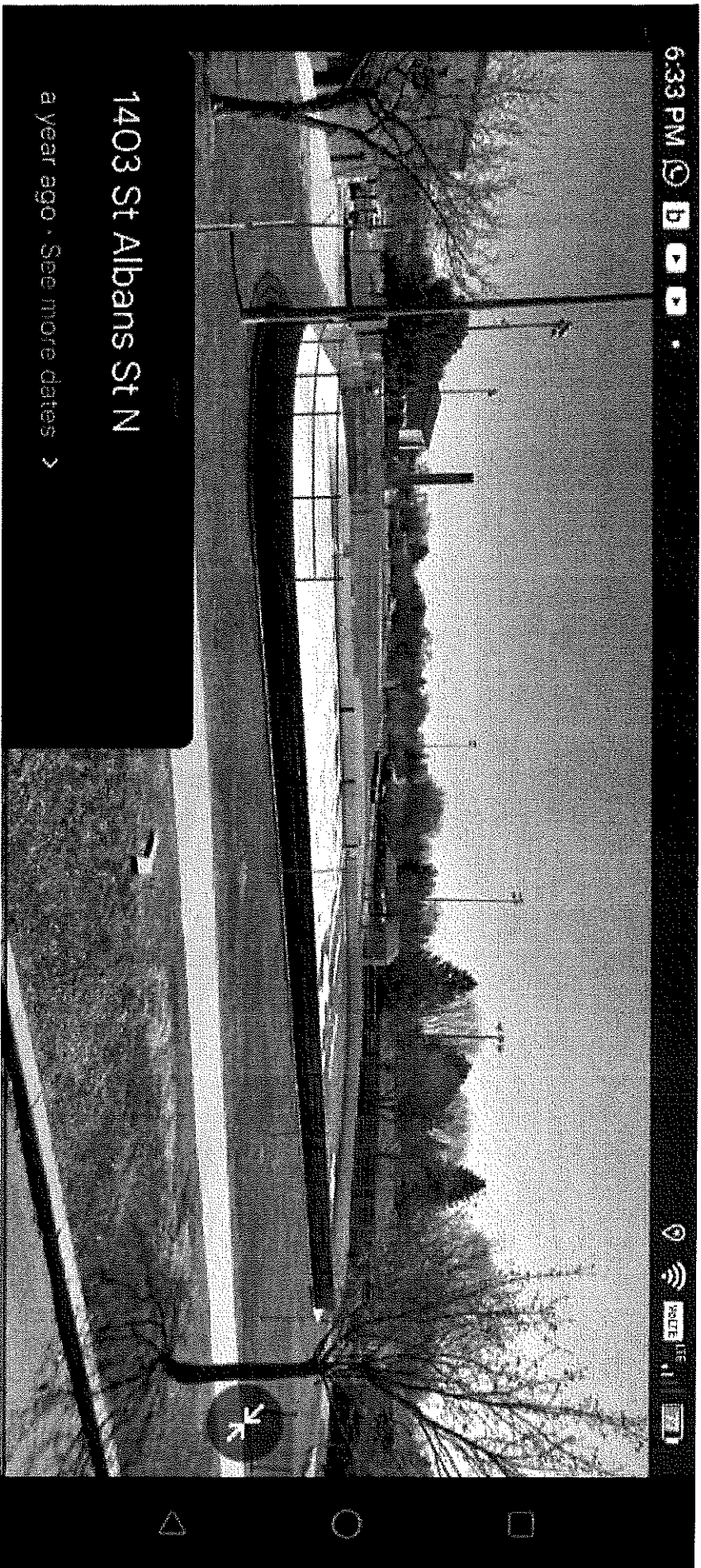
CITY OF SAINT PAUL  
DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON  
STREET, SUITE 220  
SAINT PAUL, MN 55101-1806

337 7th St W ST PAUL  
MN 55102

Appt #228

Mailing address

Signature of responsible person:  Date: 5/31/2024



1403 St Albans St N

a year ago · See more dates >





# 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: 05/31/2024

Received From: DAMILOTA ADEBAYO dba: RCCG RESTORATION CHAPEL  
1535 COMO AVE ST PAUL MN 55108

**Description:**

**Invoice Details**

1161495

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	MC0801	05/31/2024	\$178.00