



SAINT PAUL
SAFETY & INSPECTIONS

Received

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, PE(MN), CBO, DIRECTOR

MAY 08 2026

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

City of Saint Paul - DSI

Sound Level Variance Application
Legislative Code Chapter 293 - Noise Regulations

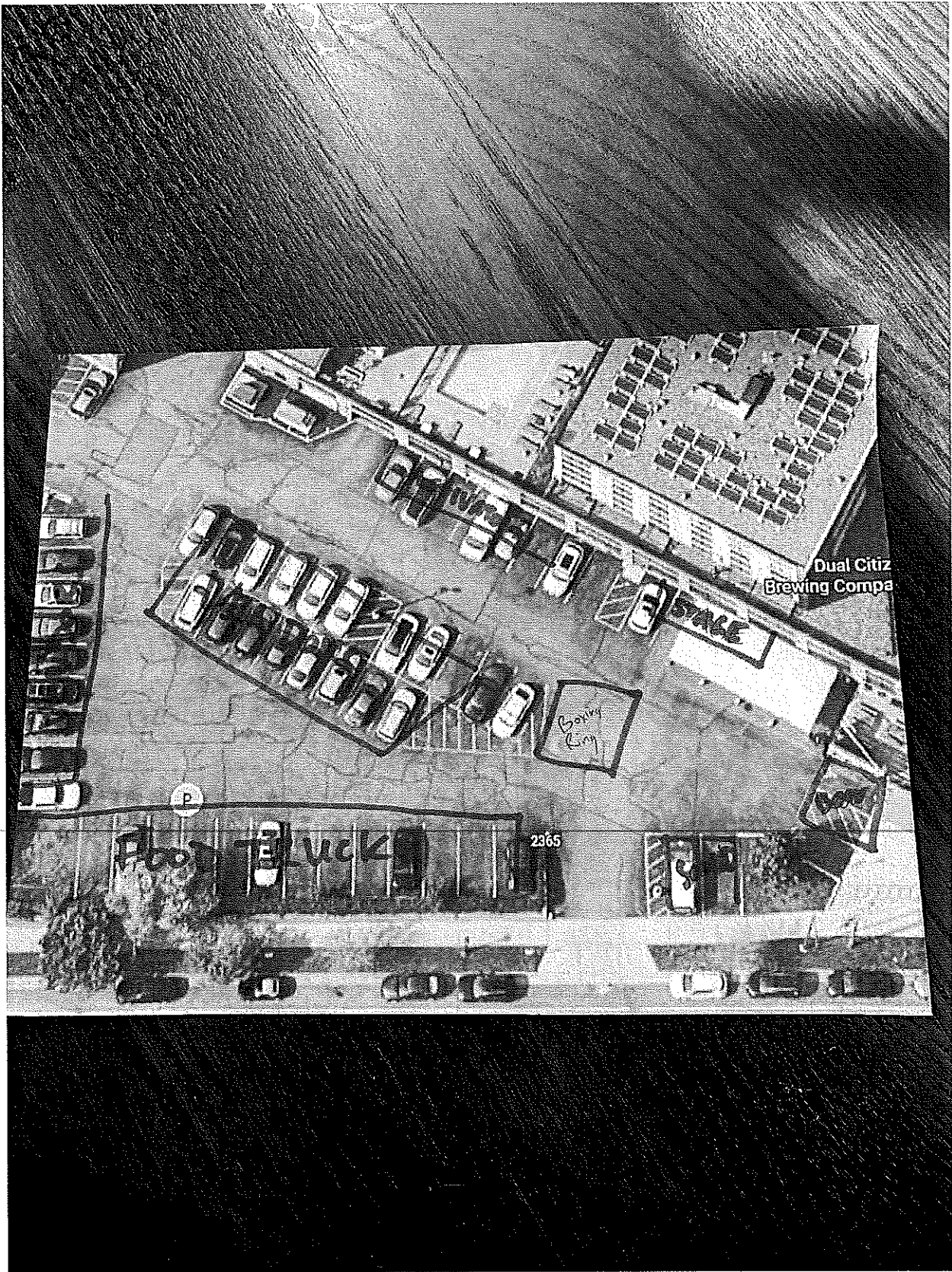
Application and \$178 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of the event date may not satisfy the processing timeline requirements.

1. Organization/person seeking variance: Saint Paul Pride Festival / Kyle Rucker
2. Event Name: Saint Paul Pride Festival
3. Address and physical description of noise source location (Event, Worksite): 825 Raymond Ave St. Paul
725 Raymond Avenue (Dual Citizen)
4. Responsible person: Kyle Rucker Title: Producer
5. Telephone: 612 298 6651 E-Mail: stppridefestival@gmail.com
6. Date(s) variance requested: june 13-14
7. Noise source - Time(s) of operation: noon - 8pm june 13 noon -6pm june 14
- Time(s) of pre-event sound check: 11am june 13
8. Sound level requested at 50 feet from noise source (dBA/Decibels): 90
9. Mailing address w/zip code: 825 Raymond Ave St Paul MN
10. Briefly describe the noise source and equipment involved: Sound system provided by Sound Hammer
11. Describe the steps that will be taken to minimize the noise levels: Music is turned and moderated. We Use less volume given our audience being 55% youth and famalies.
12. State reason for seeking variance (example - music, announcements, construction, etc.): Pride Festival
13. Maximum number of attendees: 500
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: 04/15/26



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2365

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Receipt for Payment

Date: 5-8-26 Amount Received: \$ 178

Received Of: Kyle Pucker

In Payment for: SLV

Payment Type: Cash: Check Number: _____ Payment Received By: [Signature]



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