



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: Marcela Vega
2. Event Name: CHICANO FEST
3. Address and physical description of noise source location (Event, Worksite): 235 MARSHALL AVE, ST. PAUL, 55102
LARGE PARKING lot, IN FRONT of LARGE PARKING RAMP, MUSIC FACING the HIGHWAY.
4. Responsible person: EMIGLE ALVAREZ Title: ORGANIZER
5. Telephone: 651 485 7513 E-Mail: MYSTERMACHINEETC@gmail.com
6. Date(s) variance requested: JULY 12th 2025
7. Noise source - Time(s) of operation: 1pm - 9pm
- Time(s) of pre-event sound check: 12pm - 1pm
8. Sound level requested at 50 feet from noise source (dBA/Decibels): 110 dB
9. Mailing address w/zip code: 611 PASCAL ST. N. ST. PAUL MN 55104
10. Briefly describe the noise source and equipment involved: 2 600WATT BASS SUBS, 2 400WATT
SPEAKERS, 2 300 WATT MONITORS, 2 2000WATT STEREO AMPS POWERING the system.
11. Describe the steps that will be taken to minimize the noise levels: FULL time sound monitoring,
USE the PARKING RAMP to block some sound, FACE the highway, ENSURE safety of attendees.
12. State reason for seeking variance (example - music, announcements, construction, etc.): VARIOUS styles
of performers and music that may require adjustments, large VENUE, ANNOUNCEMENTS, security.
13. Maximum number of attendees: 6000
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: 05-21-2025

N

W

Concordia Ave

E



235 Marshall Ave

S



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: 05/21/2025

Received From: MARCELA VEGA
611 PASCAL ST N ST PAUL MN 55104

Description:

Invoice Details

1178780

Noise Variance

Invoice Amount

\$178.00

Amount Paid

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Cash		05/21/2025	\$178.00