



SAINT PAUL
SAFETY & INSPECTIONS

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

375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806

Tel: 651-266-8989 | Fax: 651-266-9124

Received

JUL 03 2023

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: American Foundation for Suicide Prevention
2. Event Name: Twin Cities Out of the Darkness Walk
3. Address and physical description of noise source location (Event, Worksites):
1199 Midway Parkway - Amplified speaking and live music from small riser
4. Responsible person: Erik arveseth Title: Chapter Chair
5. Telephone: 612-568-6548 E-Mail: erik.arveseth@afspmn.org
6. Date(s) variance requested: Sunday September 17, 2023
7. Noise source - Time(s) of operation: 8:00 a.m. to 2:00 p.m. (background music)
- Time(s) of pre-event sound check: N/A
8. Sound level requested (dBA/Decibels): 100
9. Mailing address w/zip code: 4120 Minnehaha Ave, Minneapolis, MN 55406
10. Briefly describe the noise source and equipment involved: Spoken word, background fill
11. Describe the steps that will be taken to minimize the noise levels: volumes will all be background with the exception of some spoken word. All at levels so people can talk without shouting
12. State reason for seeking variance (example - music, announcements, construction, etc.): _____
13. Maximum number of attendees: 1800
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: [Signature] Date: 05/19/23





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: 07/14/2023

Received From: ERIK ARVESETH dba: AMERICAN FOUNDATION FOR SUICIDE PREVENTI
4120 MINNEHAHA AVE MINNEAPOLIS MN 55406

Description:

Invoice Details

1145827

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	MC9677	07/14/2023	\$178.00