



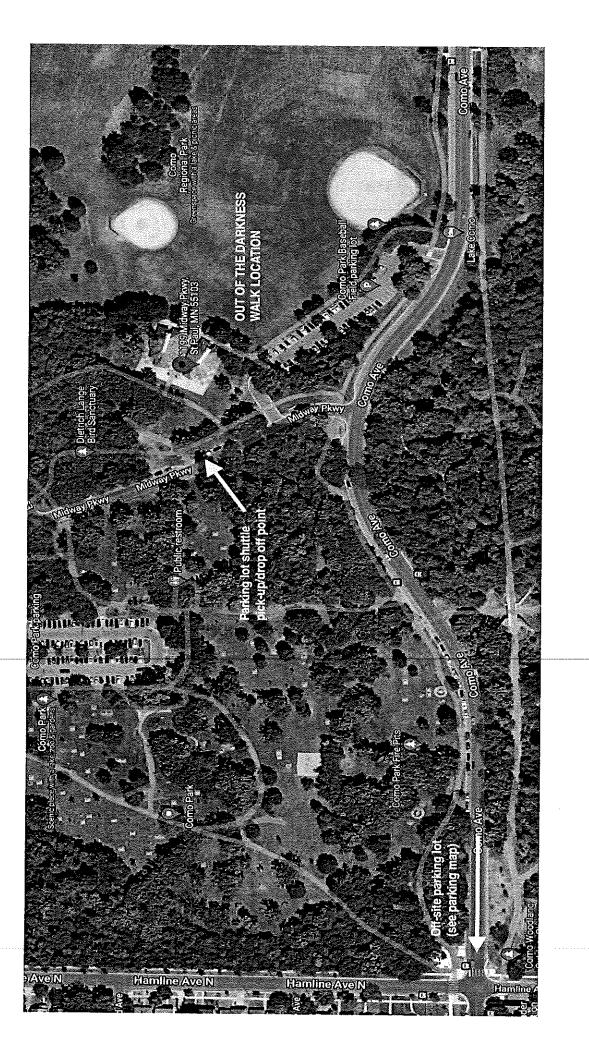
## **DEPARTMENT OF SAFETY & INSPECTIONS (DSI)** ANGIE WIESE, DIRECTOR

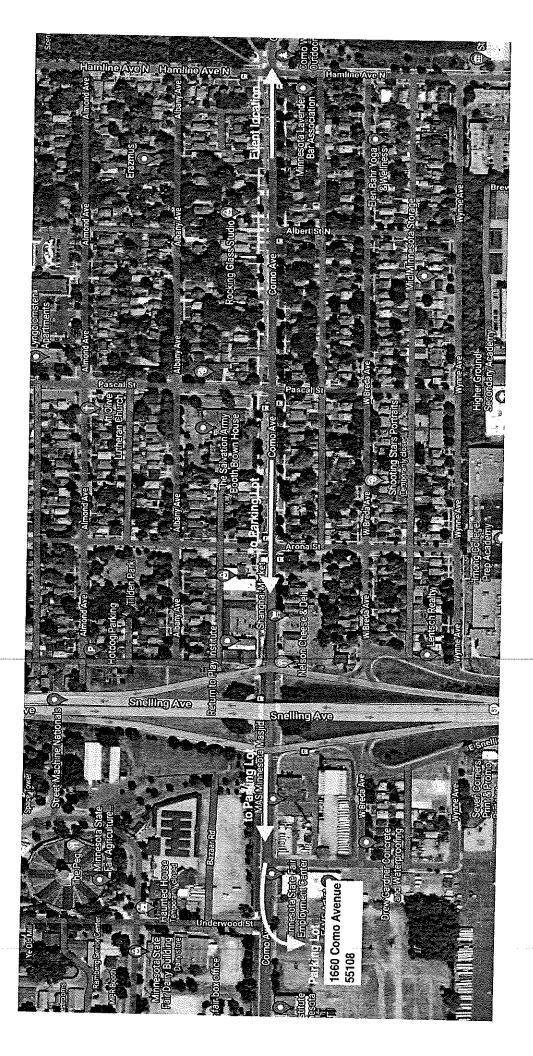
## Received

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

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, Worksite):					
4.	4. Responsible person: Erik arveseth					
5.	5. Telephone: 612-568-6548	.org				
6.	Date(s) variance requested: Sunday September 17, 2023					
<b>7</b> .	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.	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					
12.	with the exception of some spoken word. All at levels so people can talk without sh 12. State reason for seeking variance (example - music, announcements, construction, etc., 13. Maximum number of attendees: 1800	<u> </u>				
		raac tante				
	<b>14.</b> A <u>site diagram &amp; map</u> 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.)	. jucing.				
	<b>15.</b> Submit completed application, site diagram/map, and <b>\$178</b> fee to:					
	CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806	i .				
Sign	Signature of responsible person: With forust Date: 05/19/23	3				







## **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

**Invoice Amount** 

**Amount Paid** 

1145827

Noise Variance

\$178.00

\$178.00

**TOTAL AMOUNT PAID:** 

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	MC9677	07/14/2023	\$178.00