



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: _____
2. Event Name: _____
3. Address and physical description of noise source location (Event, Worksite): _____

4. Responsible person: _____ Title: _____
5. Telephone: _____ E-Mail: _____
6. Date(s) variance requested: _____
7. Noise source - Time(s) of operation: _____
- Time(s) of pre-event sound check: _____
8. Sound level requested (dBA/Decibels): _____
9. Mailing address w/zip code: _____
10. Briefly describe the noise source and equipment involved: _____

11. Describe the steps that will be taken to minimize the noise levels: _____

12. State reason for seeking variance (example - music, announcements, construction, etc.): _____

13. Maximum number of attendees: _____
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: _____

NOTES:

- (1) Applicant is requesting up to and not exceeding 2 individual weekend closures (10PM Fri - 5AM Mon) within the following date(s): 12/6-9, 12/13-16, 12/20-23, 12/27-30, 1/3-6, 1/10-13, 1/17-19, 1/24-27.
- (2) This SLV is related to RES PH 24-254 (adopted as amended by Council on 10/9) and does not add to that permit. This SLV will replace RES PH 24-254 in the event that MnDOT does not permit the described work to occur in the adopted timeframe (single weekend, 10PM Fri - 5AM Mon, on 10/25-28 or 11/1-4 or 11/8-11 or 11/15-18 or 11/22-25).

Signature of responsible person: _____ Date: _____