SAINT PAUL
SAFETY & INSPECTIONS

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

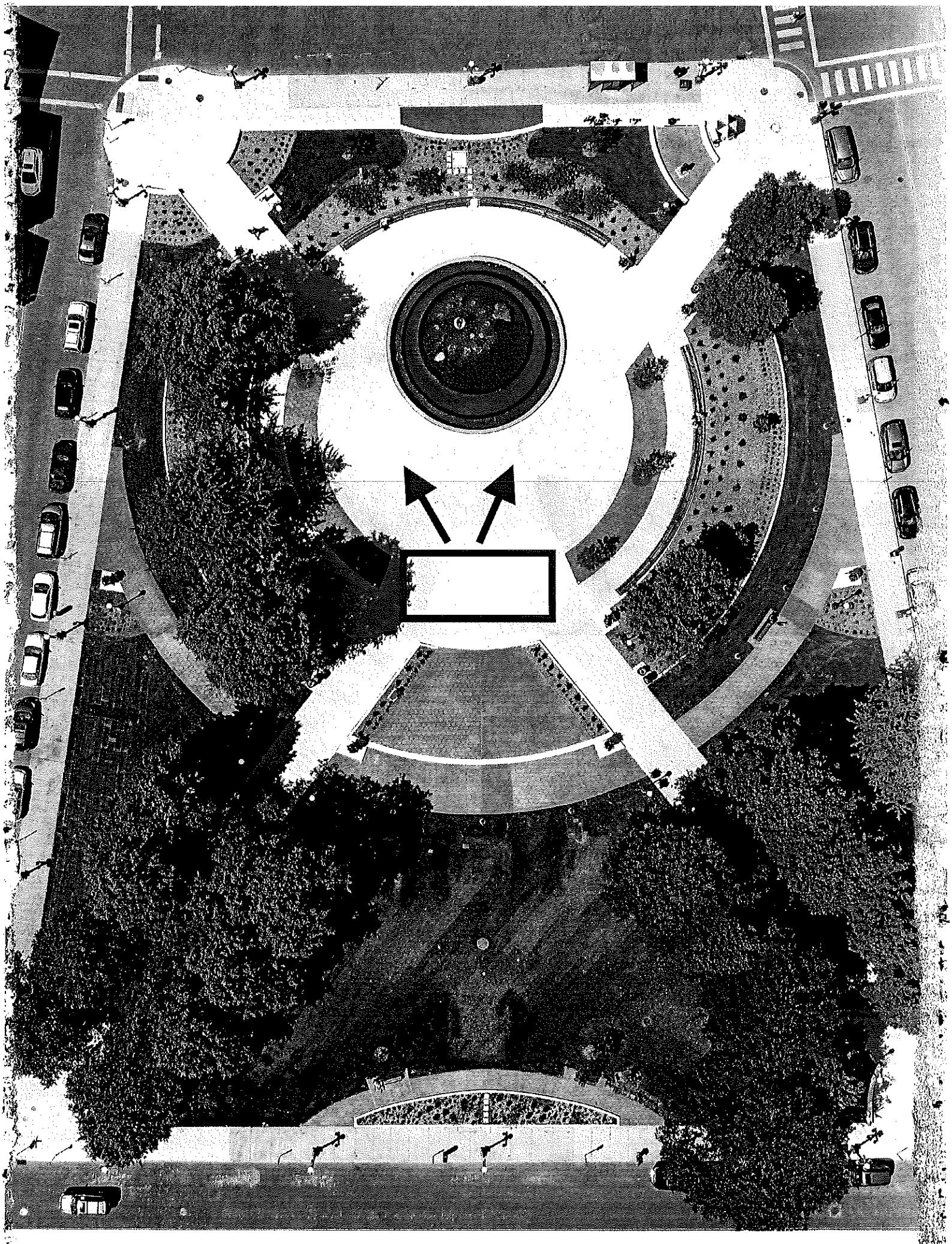
Sound Level Variance Application

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:* Saint Paul Pride Festival Orgnaized by Ruck B Media LLC
2. *Event Name:* Saint Paul Pride Festival STP Pride Festival
3. *Address and physical description of noise source location (Event, Worksite):* 109 W 4th St, St Paul, MN 55102
4. *Responsible person:* Kyle Rucker *Title:* Event Organizer
5. *Telephone:* 612 298 6651 *E-Mail:* ruckbmedia@gmai.com
6. *Date(s) variance requested:* June 10 2023
7. *Noise source - Time(s) of operation:* 10am - 7pm
   - Time(s) of pre-event sound check: 8am
8. *Sound level requested (dBA/Decibels):* 95
9. *Mailing address w/zip code:* 6 W 5th Street St. Paul 55102 #300F
10. *Briefly describe the noise source and equipment Involved:* We using a 20 x 15 pop up stage. EMI Audio
11. *Describe the steps that will be taken to minimize the noise levels:* Monitors DBA - Actively
12. *State reason for seeking variance (example - music, announcements, construction, etc.):* Music
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

I understand that special conditions associated with this variance must be managed in compliance with any applicable Governor's executive order regarding vaccinations, distancing, masks and attendance limits.

Signature of responsible person: [signature] **Date:** 04/24/23



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: 05/08/2023

Received From: ST PAUL PRIDE FESTIVAL
6 5TH ST W UNIT 300F ST PAUL MN 55102

Description:

Invoice Details	Invoice Amount	Amount Paid
1143945		
Noise Variance	$178.00	$178.00

TOTAL AMOUNT PAID: **$178.00**

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V9710	05/08/2023	$178.00