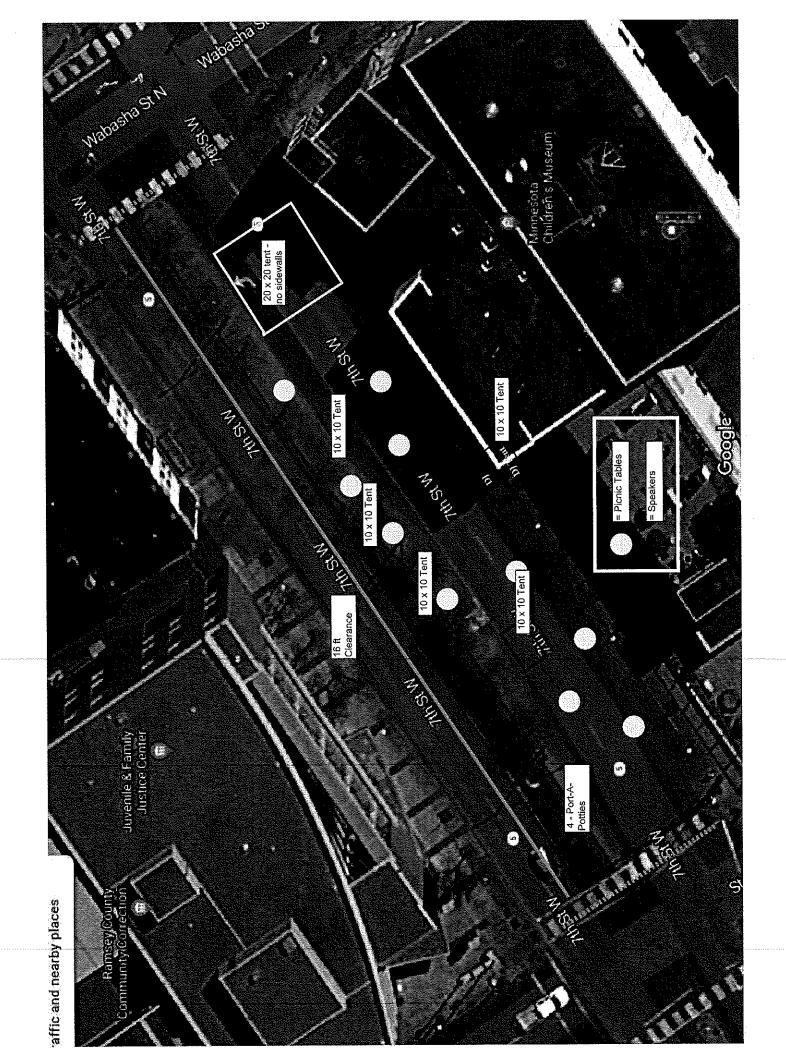


375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

## **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: Minnesota Children's Museum					
<u> </u>	Event Name: Annual Summer Block Party					
	Address and physical description of noise source location (Event, Worksite):					
	West 7th Street, St. Paul, MN 55102					
	ble person: Sarah Oehlert					
	Telephone: 651-225-6052 E-Mail: soehlerts@mcm.org					
	Date(s) variance requested: 8/12/2023					
	Noise source - Time(s) of operation: 10:00 am - 2:00 pm					
	- Time(s) of pre-event sound check: 9:00 am					
8.	Sound level requested (dBA/Decibels):					
	Mailing address w/zip code: 55306					
10.	10. Briefly describe the noise source and equipment involved: 90-100					
DJ and general crowd noise						
11.	11. Describe the steps that will be taken to minimize the noise levels:					
DJ	can control sound levels					
	State reason for seeking variance (example - music, announcements, construction, etc.):ck Party					
13.	Maximum number of attendees: 1200					
14.	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.						
Ми	ltiple 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					
any Iimi	derstand any social gathering associated with this variance must be managed in compliance with applicable Mayor Carter executive order regarding vaccinations, distancing, masks and attendance its.  Date: 7/10/2623					
	AN AFFIRMATIVE ACTION & CARE!! STPAUL.GOV EQUAL OPPORTUNITY EMPLOYER (12-840-1809)					





## **DSI RECEIPT**

CITY OF SAINT PAUL

Department of Safety and Inspections 375 Jackson Street Suite 220 Saint Paul, Minnesola 55101-1806 Phone: (651) 266-8989 Fax: (651) 266-9124 www.stpaul.gov/dsi

Date: 07/14/2023

Received From: MINNESOTA CHILDREN'S MUSEUM

10 7TH ST W ST PAUL MN 55102

Description:

**Invoice Details** 

**Invoice Amount** 

Amount Paid

1145828

Noise Variance

\$178.00

\$178.00

**TOTAL AMOUNT PAID:** 

\$178.00

## Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V8657	07/14/2023	\$178.00