



E 10/25

Sound Level Variance Application

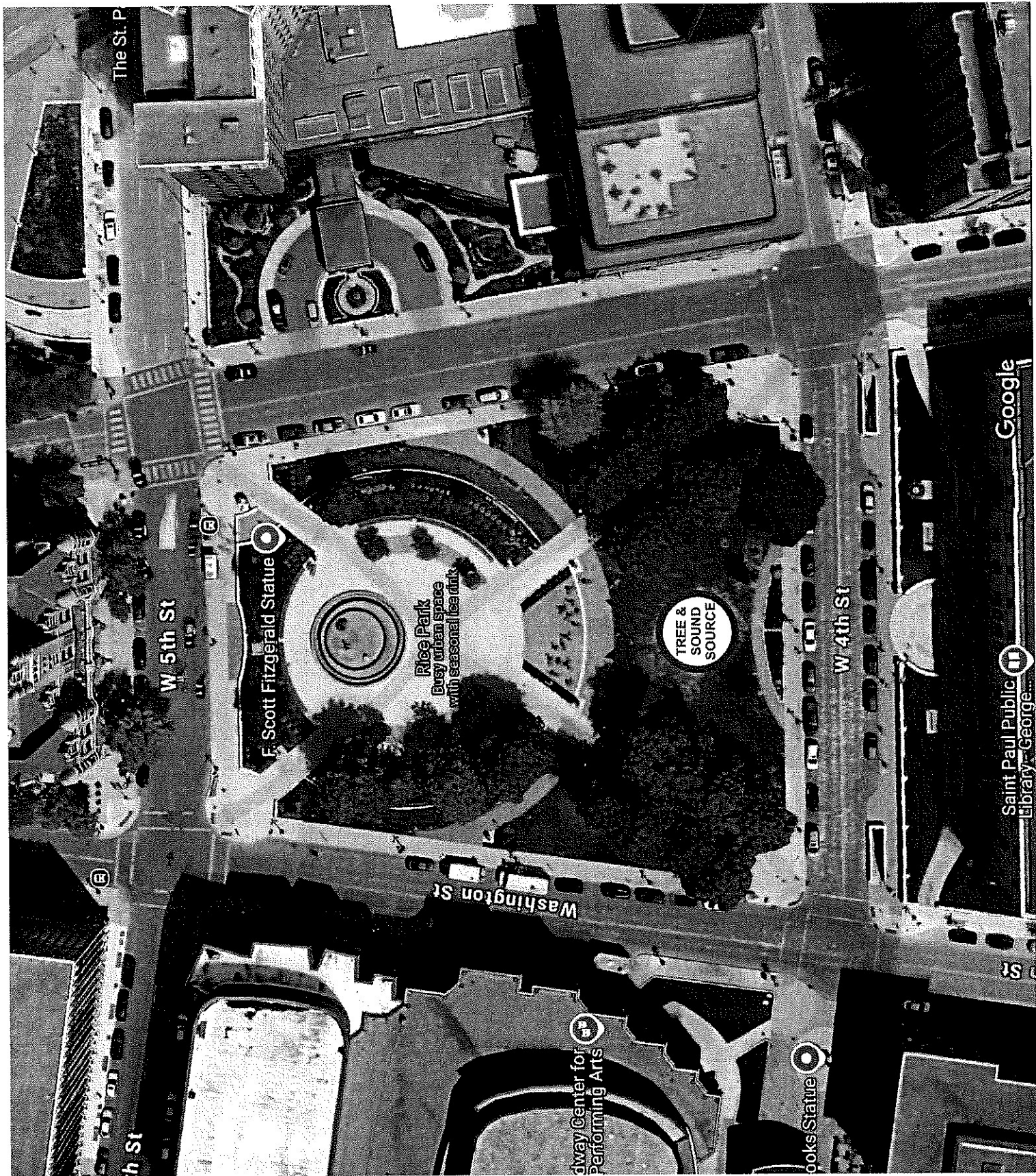
Legislative Code Chapter 293. - Noise Regulations Application and \$178 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of the event date may not satisfy the processing timeline requirements.

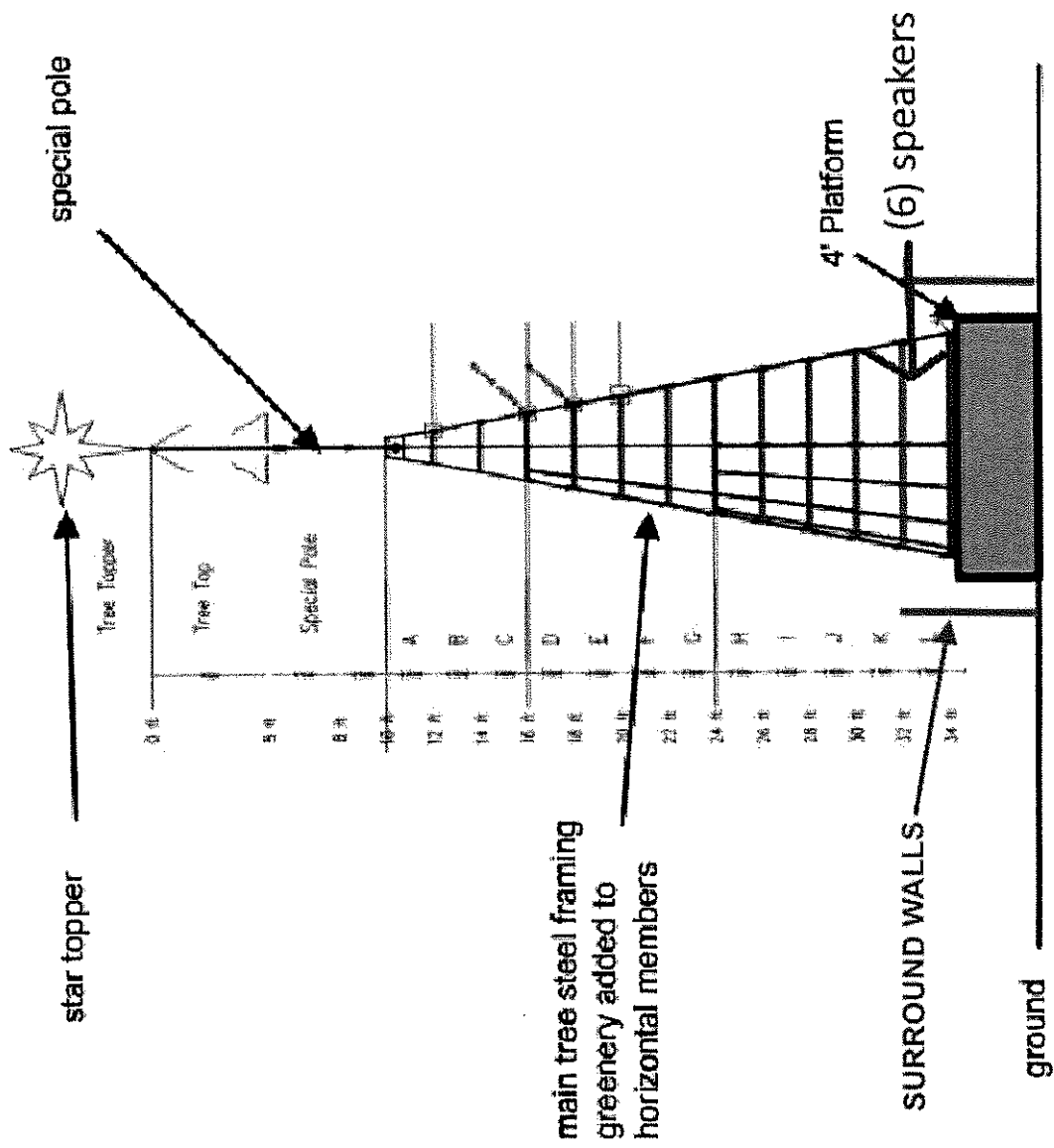
1. Organization/person seeking variance: SALVATION ARMY NORTHERN DIVISION
2. Event Name: ANNUAL "TREE OF LIGHTS" LIGHT PROGRAM IN RICE PARK
3. Address and physical description of noise source location (Event, Worksite): RICE PARK, 109 4TH ST. W. SAINT PAUL, MN 55102
4. Responsible person: DANIEL FURRY Title: PR & COMM DIRECTOR
5. Telephone: 651-746-3572(o) 763-218-7127(m) E-Mail: dan.furry@usc.salvationarmy.org
6. Date(s) variance requested: 11/16/2024 - 01/05/2025
7. Noise source - Time(s) of operation: 5:00PM - 10:00PM
- Time(s) of pre-event sound check: 4:30PM ON 11/16/24 ONLY
8. Sound level requested (dBA/Decibels): 90 DECIBELS AT 50 FEET MAXIMUM
9. Mailing address w/zip code: 2445 PRIOR AVE N, ROSEVILLE, MN 55113
10. Briefly describe the noise source and equipment involved: SPEAKERS ARE INSIDE TREE:
6 Small Form Speaker IPs, Speaker Amp, Mixer/Receiver, Control Rack, Cabling
11. Describe the steps that will be taken to minimize the noise levels: SPEAKERS WILL BE ON 4-FT PLATFORM
PARTIALLY BLOCKED BY TREE AND A 7-FT DECORATED WALL THAT WILL HELP LESSEN LEVELS (SEE IMAGES)
12. State reason for seeking variance (example - music, announcements, construction, etc.): HOLIDAY MUSIC
THAT IS SYNCHRONIZED WITH THE TREE'S ANIMATED LIGHTS, ANNOUNCEMENTS ON 11/16/24 ONLY
13. Maximum number of attendees: APPROX. 1,000 ON 11/16, NO MORE THAN 100 AT ANY TIME ON LATER DATES
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: _____

Date: 10/24/2024







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: 10/25/2024

Received From: DANIEL FURRY dba: SALVATION ARMY NORTHERN DIVISION
2445 PRIOR AVE N ROSEVILLE MN 55113

Description:

Invoice Details

1172040

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	V6646	10/25/2024	\$178.00