

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)  
ANGIE WIESE, DIRECTORSAINT 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

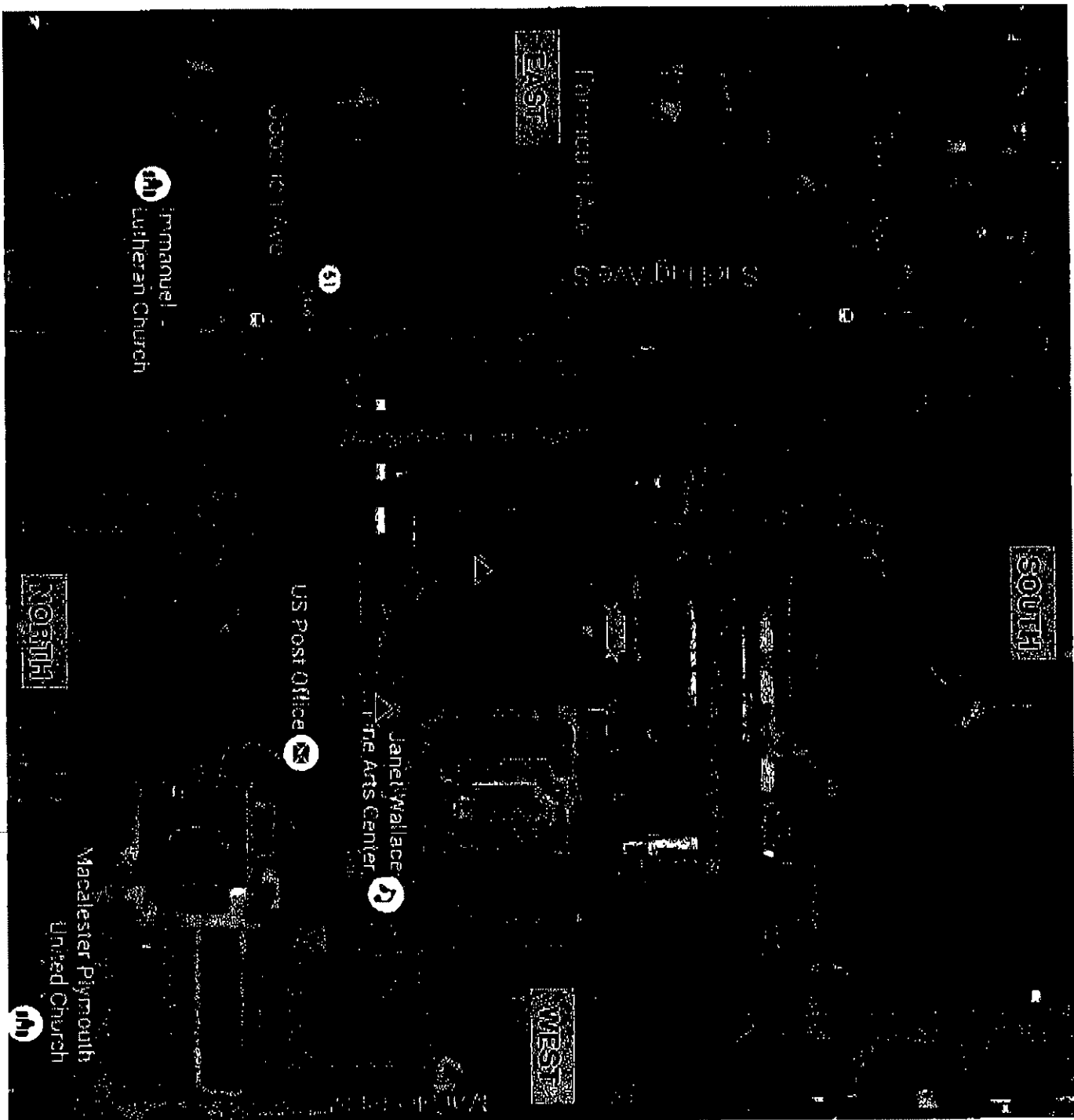
Legislative Code Chapter 293. - Noise Regulations Application and \$178 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of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

1. Organization/person seeking variance: Macalester College Program Board
2. Event Name: Spring Fest
3. Address and physical description of noise source location (Event, Worksite):  
1600 Grand Avenue Saint Paul, MN 55105
4. Responsible person: Fleury Clark Girimana Title: Coordinator of Student Organizations
5. Telephone: 651-696-6202 E-Mail: fgirimana@macalester.edu
6. Date(s) variance requested: April 15, 2023
7. Noise source - Time(s) of operation: 3:00 PM - 8:00 PM  
- Time(s) of pre-event sound check: 11:00 AM - 3:00 PM
8. Sound level requested (dBA/Decibels): 120 dB
9. Mailing address w/zip code: 1600 Grand Avenue Saint Paul, MN 55105
10. Briefly describe the noise source and equipment involved:  
Concert: Bands with sound reinforcement
11. Describe the steps that will be taken to minimize the noise levels: Performing bands are under a tent structure. All sound sources are direct towards the center of campus and away from residents' houses
12. State reason for seeking variance (example - music, announcements, construction, etc.):  
Annual music festival
13. Maximum number of attendees: 2,000
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

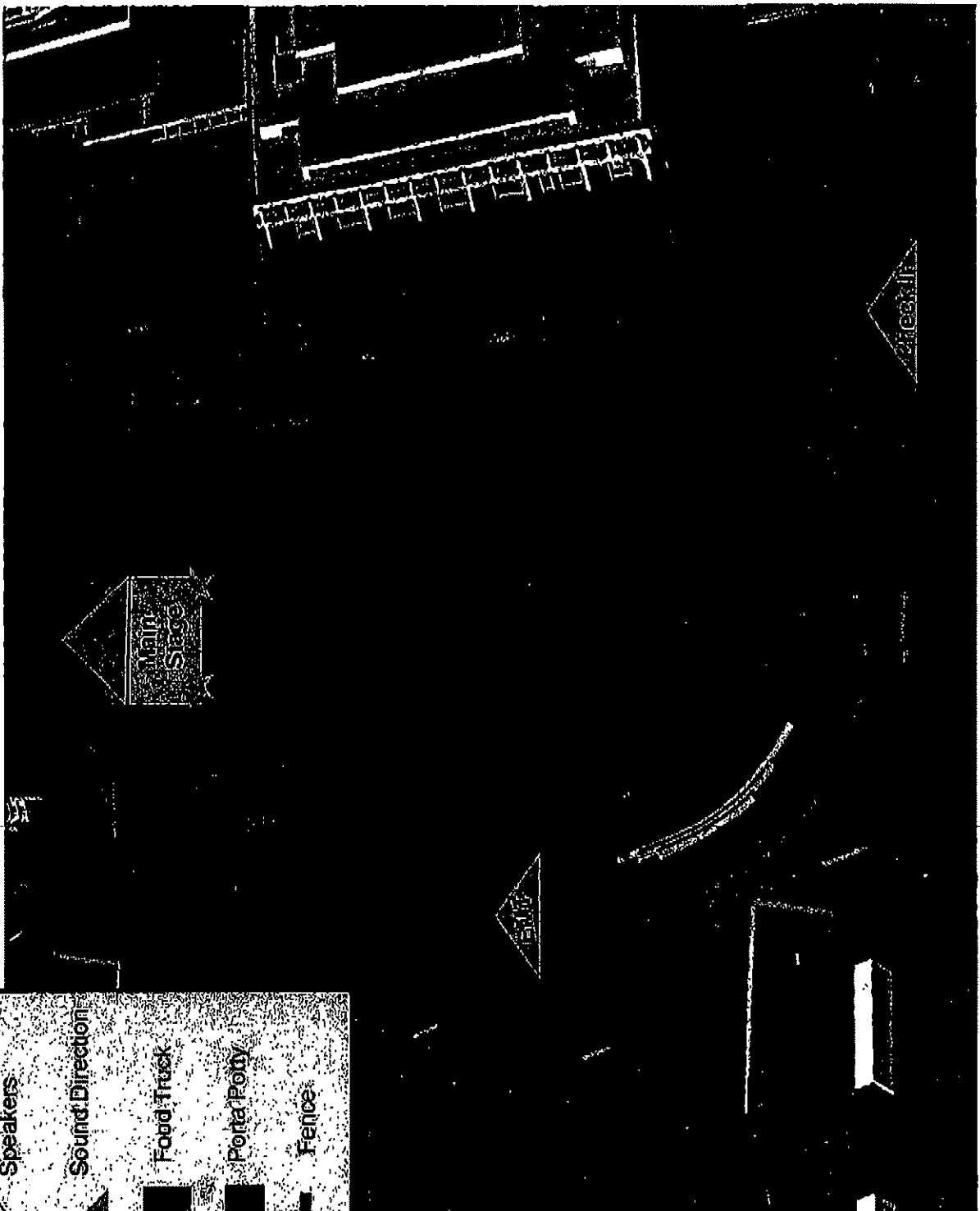
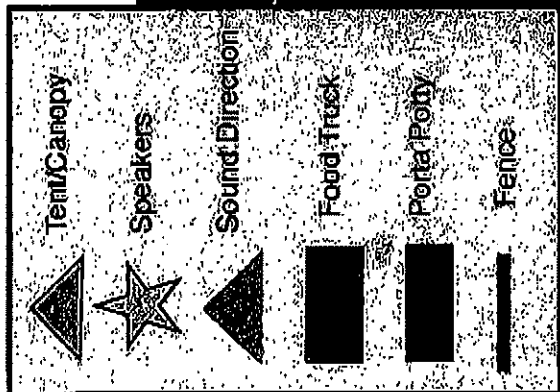
I understand any social gathering associated with this variance must be managed in compliance with any applicable Mayor Carter executive order regarding vaccinations, distancing, masks and attendance limits.

Signature of responsible person: \_\_\_\_\_

Date: 2/09/2023



★ speakers  
^ sound direction





## 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](http://www.stpaul.gov/dsi)

**Date:** 02/14/2023

**Received From:** MACALESTER COLLEGE  
1600 GRAND AVE ST PAUL MN 55105

**Description:**

**Invoice Details**

1141280

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  | V2355   | 02/14/2023    | \$178.00 |