



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.

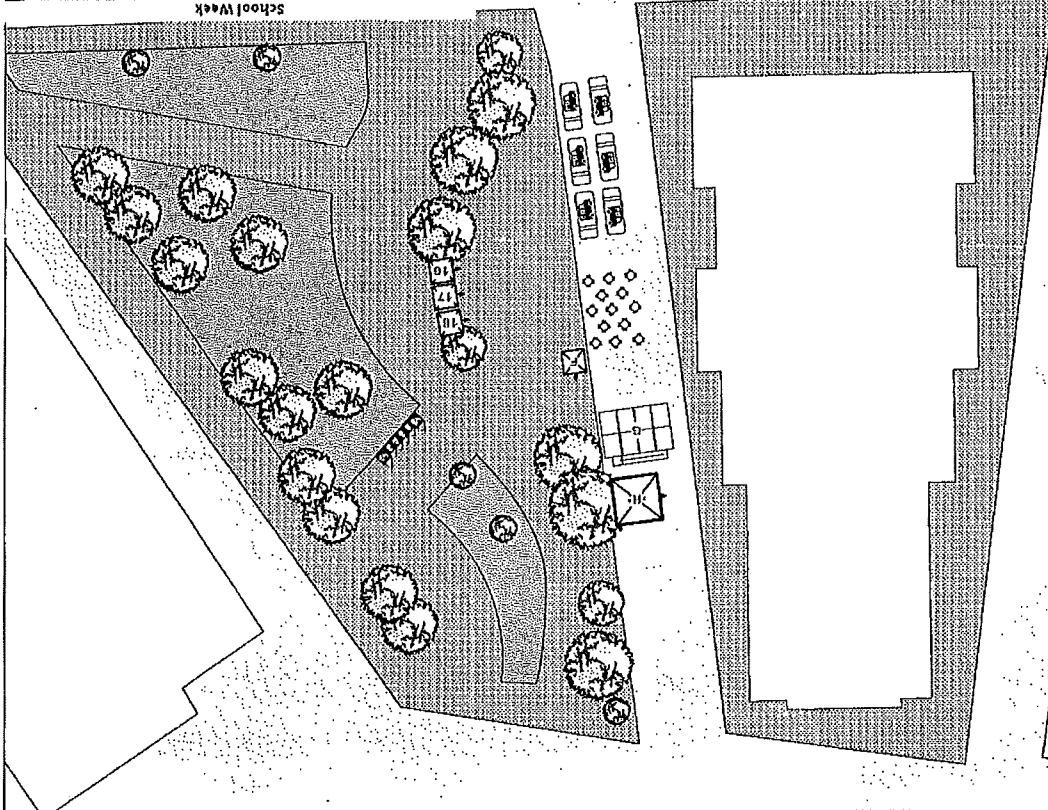
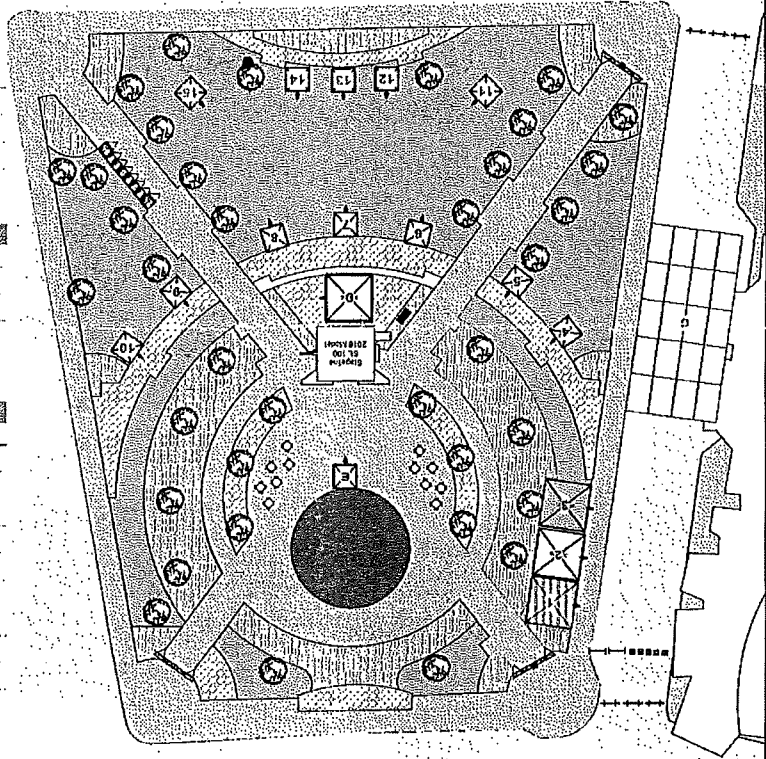
1. Organization/person seeking variance: Ordway Center
2. Event Name: Flint Hills Family Festival
3. Address and physical description of noise source location (Event, Worksite): Landmark Plaza - Saturday Rice Park Tuesday - Saturday
4. Responsible person: Julia Erickson Title: Director of Production
5. Telephone: 651-356-4291/651-282-3039 E-Mail: jerickson@ordway.org
6. Date(s) variance requested: Tuesday, May 30, 2023 - Saturday, June 3, 2023
7. Noise source - Time(s) of operation: Tuesday - Friday 10am - 1pm Friday 6pm - 1pm Saturday 9am - 4pm
- Time(s) of pre-event sound check: Tuesday - Friday 9am - 10am Friday evening 5pm - 6pm Saturday 8am - 9am
8. Sound level requested (dBA/Decibels): 90 - 110 dab
9. Mailing address w/zip code: 345 Washington Street, Saint Paul, MN 55102
10. Briefly describe the noise source and equipment involved: Bands on stage set - up with speakers
11. Describe the steps that will be taken to minimize the noise levels: engineers and production staff will have decibal meters
12. State reason for seeking variance (example - music, announcements, construction, etc.): music(live bands and DJ in between as well as announcements)
13. Maximum number of attendees: 5000
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: Julia Erickson Date: 4/17/23

 Cement Bolard	 6' Bicycle Barricade	 13 Barricade	
 Info Kiosk	 Info Kiosk Arch	 Sandwich Board	
 Food Truck	 Tables and Chairs	 Accessible / port-a-potty	
 20x20 Tent	 10x10 Tent		

Tent #	Location	Size	Primary Occupant
A	Loading Dock		Caterling Tent
B	Loading Dock		Caterling Tent
C	Washington Street		Arizona
D	Rice Park	20x20	Rice Park String Support Tent
E	Rice Park	10x10	Rice Park FOH
1	Rice Park	20x20	First Aid
2	Rice Park	20x20	Ordway
3	Rice Park	20x20	Flint Hills/Lunch Tent
6	Rice Park	10x10	Festival Partner Tent
8	Rice Park	10x10	Festival Partner Tent
12	Rice Park	10x10	Festival Partner Tent
14	Rice Park	10x10	Festival Partner Tent
Friday Night			
Tent #	Location	Size	Primary Occupant
4	Rice Park	10x10	Festival Partner Tent
5	Rice Park	10x10	Festival Partner Tent
7	Rice Park	10x10	Festival Partner Tent
9	Rice Park	10x10	Festival Partner Tent
10	Rice Park	10x10	Festival Partner Tent
Saturday			
Tent #	Location	Size	Primary Occupant
F	Landmark Plaza	10x10	Landmark FOH
G	Landmark Plaza		Landmark STAGE
H	Landmark Plaza	20x20	Landmark Support Tent
11	Rice Park	10x10	Festival Partner Tent
13	Rice Park	10x10	Festival Partner Tent
15	Rice Park	10x10	Festival Partner Tent
16	Landmark Plaza	10x10	Festival Partner Tent
17	Landmark Plaza	10x10	Festival Partner Tent
18	Landmark Plaza	10x10	Festival Partner Tent





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: 03/23/2023

Received From: ORDWAY CENTER FOR THE PERFORMING ARTS
345 WASHINGTON ST ST PAUL MN 55102

Description:

Invoice Details

1142445

Noise Variance

Invoice Amount

\$178.00

Amount Paid

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Internet	03.23.2023	03/23/2023	\$3.00
Check	6148	03/23/2023	\$175.00