

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)

ANGIE WIESE, DIRECTOR

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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: WestSide Boosters Youth Athletics
	Event Name: West Side Cinco de Mayo
3.	Address and physical description of noise source location (Event, Worksite):
179 Roble Street, Saint Paul, MN 55107	
4.	Responsible person: Santino Franco Title: Cinco de Mayo Chair
	Telephone: 651-230-8486E-Mail: sfranco56@gmail.com
6.	Date(s) variance requested: May 4, 2024
7.	Noise source - Time(s) of operation: 8 a.m. to 6 p.m.
	- Time(s) of pre-event sound check: 8:00 a.m.
8.	Sound level requested (dBA/Decibels): 95 dBA at 100 feet
9.	Mailing address w/zip code: 179 Robie Street, Saint Paul, MN 551072
10.	Briefly describe the noise source and equipment involved: Amplified sound on an Outdoor stage
	Parque Castillo
11. Describe the steps that will be taken to minimize the noise levels:	
Sp	eaker placement to reduce sound reflection and monitoring
12.	State reason for seeking variance (example - music, announcements, construction, etc.):
A Civic Event in the City of Saint Paul, supporting and Celebrating the Mexican, Latino, Hispanic Communities	
13.	Maximum number of attendees: 5000
	A <u>site diagram & 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).	
	Itiple 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:

