



E 7/19

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:* Capitol Region Watershed District
2. *Event Name:* Capitol Region Watershed District 25th Anniversary Celebration
3. *Address and physical description of noise source location (Event, Worksite):* _____
Event at 595 Aldine Street, 55104 - stage and sound source located in our west parking lot.
4. *Responsible person:* Lindsay Schwantes *Title:* Community Engagement Program Manager
5. *Telephone:* (651) 644-8888 ext 105 *E-Mail:* lschwantes@capitolregionwd.org
6. *Date(s) variance requested:* September 22, 2023
7. *Noise source - Time(s) of operation:* 3:00 PM - 7:00 PM
- Time(s) of pre-event sound check: 2:00 PM
8. *Sound level requested (dBA/Decibels):* 85 DBA @ 50'
9. *Mailing address w/zip code:* 595 Aldine Street, Saint Paul, MN 55104
10. *Briefly describe the noise source and equipment involved:* Public presentation with speeches and live music performance
11. *Describe the steps that will be taken to minimize the noise levels:* Speakers will be directed away from residential neighbors, hours of noise are selected to minimize disruption.
12. *State reason for seeking variance (example - music, announcements, construction, etc.):* _____
open house style event with small stage, microphone and speakers will be used for speeches and live music
13. *Maximum number of attendees:* 200
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: 7/19/23

595 Aldine Street & 1736 Thomas Ave, Saint Paul, 55104





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: 07/20/2023

Received From: CAPITOL REGION WATERSHED DISTR
595 ALDINE ST SAINT PAUL MN 55104

Description:

Invoice Details

1145929

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	V9908	07/20/2023	\$178.00