SAINT PAUL
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, PE(MN), CBO, DIRECTOR

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:* Saint Paul Pride Festival / Kyle Rucker

2. *Event Name:* Saint Paul Pride Festival

3. *Address and physical description of noise source location (Event, Worksite):* 825 Raymond Ave St. Paul
725 Raymond Avenue (Dual Citizen)

4. *Responsible person:* Kyle Rucker *Title:* Producer

5. *Telephone:* 612 298 6651 *E-Mail:* stppridefestival@gmail.com

6. *Date(s) variance requested:* june 13-14

7. *Noise source - Time(s) of operation:* noon - 8pm june 13 noon -6pm june 14

- Time(s) of pre-event sound check: 11am june 13

8. *Sound level requested at 50 feet from noise source (dBA/Decibels):* 90

9. *Mailing address w/zip code:* 825 Raymond Ave St Paul MN

10. *Briefly describe the noise source and equipment involved:* Sound system provided by Sound Hammer

11. *Describe the steps that will be taken to minimize the noise levels:* Music is turned and moderated. We Use less volume given our audience being 55% youth and famalies.

12. *State reason for seeking variance (example - music, announcements, construction, etc.):* Pride Festival

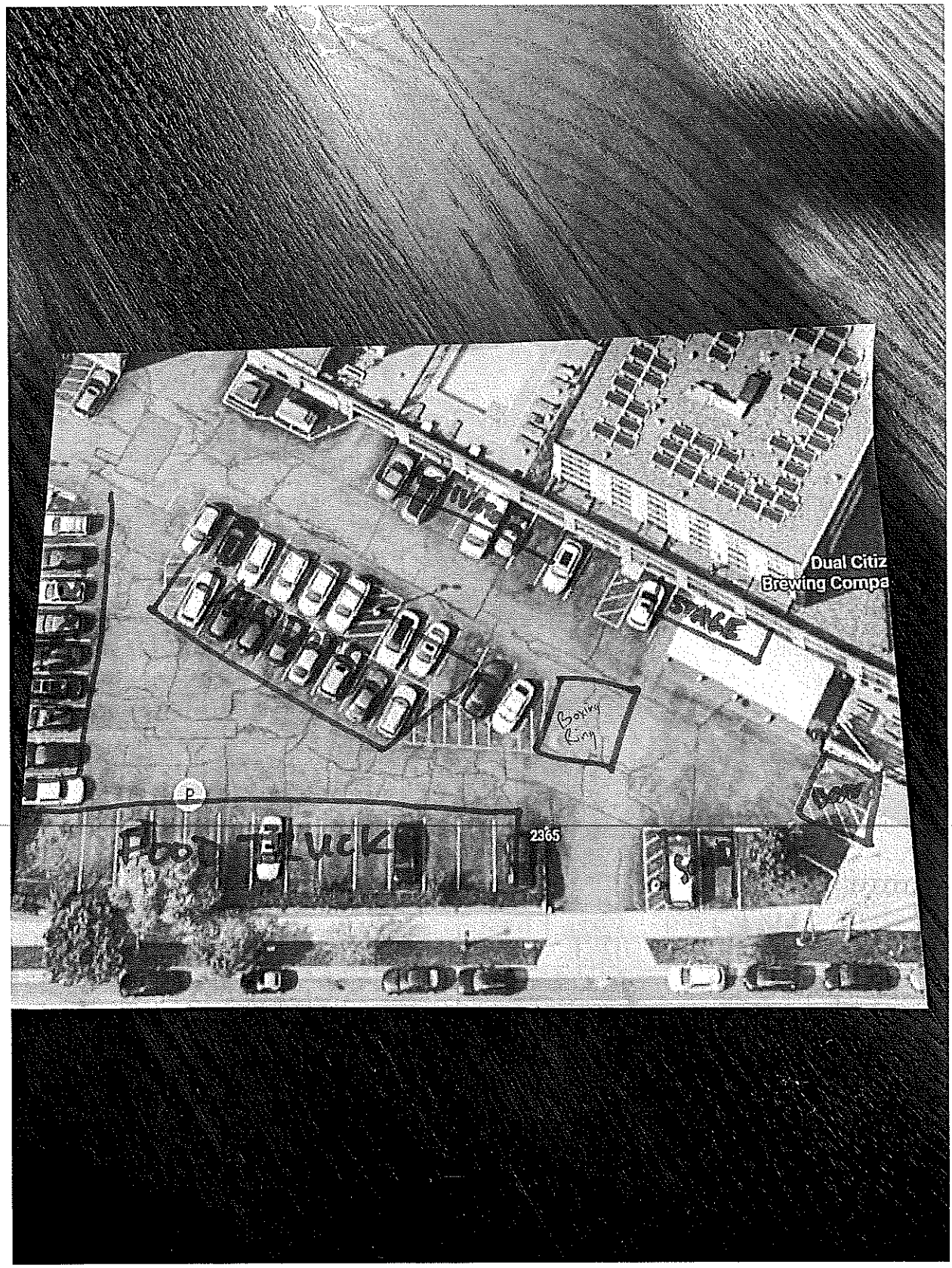
13. *Maximum number of attendees:* 500

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:** 04/15/26


Dual Citiz
Brewing Compa
2365

Receipt for Payment

Date: 5-8-26 *Amount Received:* $178

Received Of: Kyle Rucker

In Payment for: SLV

Payment Type: Cash: ✓ *Check Number:* _____ *Payment Received By:* [signature]

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