



MAY 17 2024

375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806  
Tel: 651-266-8989 | Fax: 651-266-9124

City of Saint Paul - DSI

## 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.

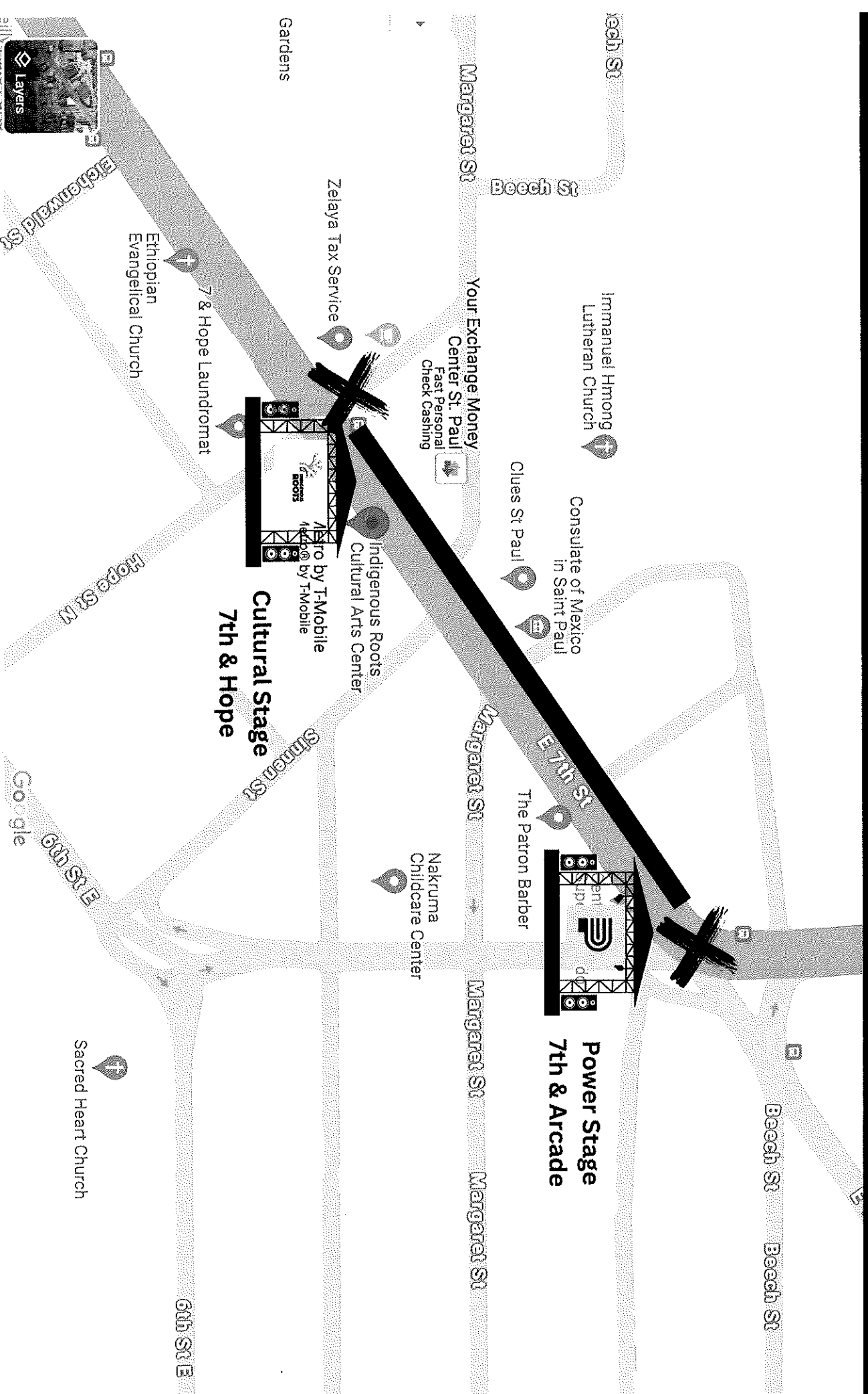
1. Organization/person seeking variance: Center for Broadcasting Journalism
2. Event Name: 7th Street LIVE
3. Address and physical description of noise source location (Event, Worksite):  
7th Street (Between Hope Street and Arcade Street)
4. Responsible person: Mary Anne Quiroz Title: Event Coordinator
5. Telephone: 6513660006 E-Mail: indigeroots@gmail.com
6. Date(s) variance requested: August 10, 2024
7. Noise source - Time(s) of operation: 10a to 6p  
- Time(s) of pre-event sound check: 11a
8. Sound level requested (dBA/Decibels): \_\_\_\_\_
9. Mailing address w/zip code: 788 E 7th Street Saint Paul MN 55106
10. Briefly describe the noise source and equipment involved: live music and amplified sound through speakers
11. Describe the steps that will be taken to minimize the noise levels: stay within the allotted decibels for outdoor events
12. State reason for seeking variance (example - music, announcements, construction, etc.):  
music
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: May 15, 2024

Street Closure from Hope Street to Arcade Street





## 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:** 05/28/2024

**Received From:** CENTER FOR BROADCASTING JOURNALISM  
788 7TH ST E ST PAUL MN 55106

**Description:**

**Invoice Details**

1161409

Noise Variance

**Invoice Amount**

\$178.00

**Amount Paid**

\$178.00

**TOTAL AMOUNT PAID:**

**\$178.00**

**Paid By:**

| Payment Type | Check # | Received Date | Amount   |
|--------------|---------|---------------|----------|
| Check        | 1044    | 05/28/2024    | \$178.00 |