



CITY OF SAINT PAUL

Business Licensing
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

Sound Level Variance Application

Legislative Code Chapter 293. - Noise Regulations

Application and \$175 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: _____
2. Event Name: _____
3. Address and physical description of noise source location (Event, Worksite): _____
4. Responsible person: _____ Title: _____
5. Telephone: _____ E-Mail: _____
6. Date(s) variance requested: _____
7. Noise source - Time(s) of operation: _____
- Time(s) of pre-event sound check: _____
8. Sound level requested (dBA/Decibels): _____
9. Mailing address w/zip code: _____
10. Briefly describe the noise source and equipment involved: _____
11. Describe the steps that will be taken to minimize the noise levels: _____
12. State reason for seeking variance (example - music, announcements, construction, etc.): _____
13. Maximum number of attendees: _____
14. Describe steps that will be taken to prevent COVID-19 virus spread: _____
15. 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.**
16. Submit completed application, site diagram/map, and **\$175.00** fee to:
CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806

I understand that any social gathering associated with this variance must be managed in full compliance with all applicable Governor Walz COVID-19 orders relating to distancing, masks and attendance limits.

Signature of responsible person: _____ Date: _____