

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

Amplified Sound Permit Application

(Legislative Code Chapter 293. - Noise Regulations)

Amplified Sound Permit applications must be submitted fourteen (14) calendar days in advance of the date of the associated activity or event. Incomplete applications will not be accepted. Permits may include dates substantially similar in nature. Any activity or event taking place without an Amplified Sound Permit must comply with the noise limits defined in Table 1 of Legislative Code Chapter 293.

Permit applications must include:

- This fully completed application form
- A diagram/map showing the precise location of the sound source
- \$138 fee

| 1. | Organization or name of person seeking Permit: | |
|----------------------------------|---|---------|
| 2. | Event Name: | |
| | Address and physical description of noise source location: | |
| 4. | Responsible person: | Title: |
| 5. | Telephone: | E-Mail: |
| 6. | Date(s) of Activity or Event: | |
| <i>7</i> . | Permit Hours requested (start to finish): | |
| 8. | Sound level requested in decibels (Residential Area: cannot exceed 80 dBA measured at 50 feet from the sound source; Non-Residential Area: cannot exceed 90 dBA measured at 50 feet from the sound source): | |
| 9. | • Applicants mailing address w/zip code: | |
| 10. | Briefly describe the noise source and equipment involved: | |
| 11. | Describe the steps that will be taken to ensure noise does not exceed authorized level: | |
| 12. | State reason for seeking variance (example - music, announcements, construction, etc.): | |
| 13. | Maximum number of attendees: | |
| | Fully completed application, diagram/map and \$138 fee may be submitted 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: |