

Signature of responsible person:

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

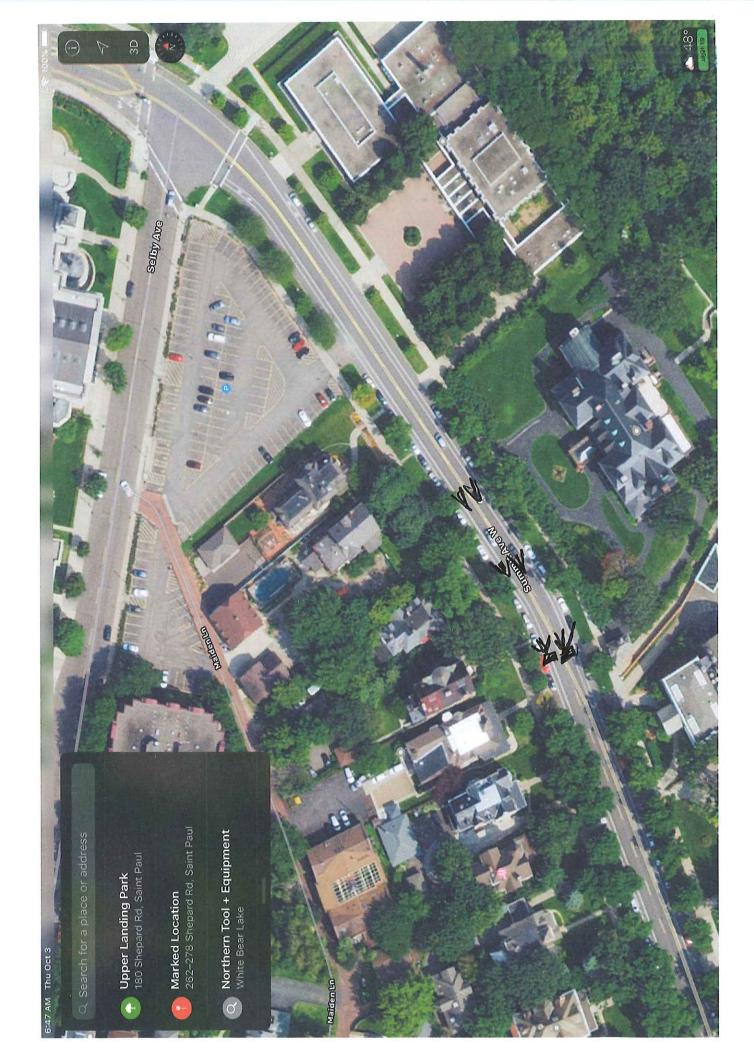
Date: Ostgast 26, 2022

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: MONSTER SERIES, LLC, JOHN LARSON
2. Event Name: MONSTER DASH
3. Address and physical description of noise source location (Event Worksite):
4. Responsible person: JOHN LARSON Title: Executive Director
5. Telephone: 612-968-3224 E-Mail: TEAMORTHO @g mail. Com
6. Date(s) variance requested: Oct 29, 2022
7. Noise source - Time(s) of operation: 8+10+11-9:00 AM 8AM - 1PM
- Time(s) of pre-event sound check: 81.00 mm
8. Sound level requested (dBA/Decibels): 95464 @ 50 FT.
9. Mailing address w/zip code: 2008 Highland View Ave, Burns ville, MN 55337
10. Briefly describe the noise source and equipment involved:
Amplified Sound using a microphone and speakers
11. Describe the steps that will be taken to minimize the noise levels:
Speakers will be faced fowards the attenders
12. State reason for seeking variance (example - music, announcements, construction, etc.): Announcements
13. Maximum number of attendees: 2000
14. A <u>site diagram & map</u> 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.





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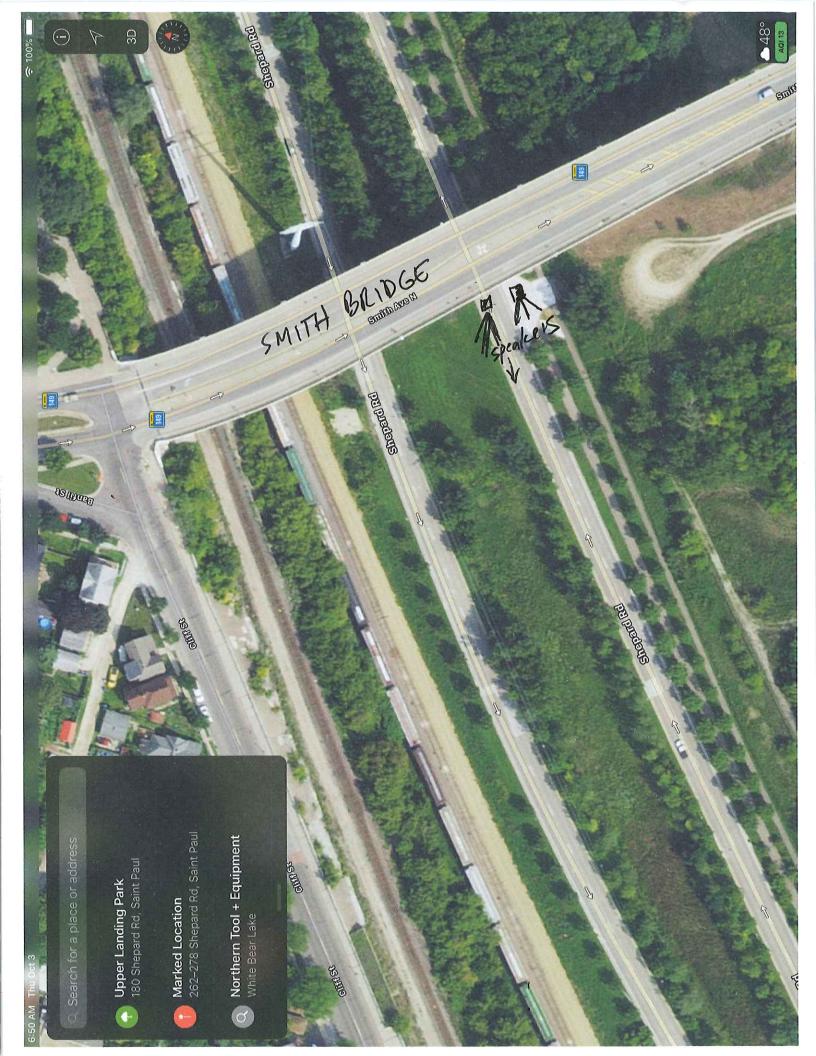
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1. Organization/person seeking variance: MONSTER SERIES, LLC, JOHN LARSON
2. Event Name: MONSTER DASH
3. Address and physical description of noise source location (Event, Worksite):
4. Responsible person: JOHN LARSON Title: Executive Director
5. Telephone: 612-968-3224 E-Mail: TEAMORTHO @g mail. Com
6. Date(s) variance requested: Oct 29, 2022
7. Noise source - Time(s) of operation: 8:30 - 12:45 m & Am - 1 PM
- Time(s) of pre-event sound check: 8:15 Am.
8. Sound level requested (dBA/Decibels): 85 UB @ 50 FT.
9. Mailing address w/zip code: 2008 Highland VIEW Ave, Burns ville, MN 55337
10. Briefly describe the noise source and equipment involved:
Amplified Sound using a microphone and speakers
11. Describe the steps that will be taken to minimize the noise levels:
Speakers will be faced towards the attenders
12. State reason for seeking variance (example - music, announcements, construction, etc.): Announcement
13. Maximum number of attendees: 2000
14. A <u>site diagram & map</u> 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

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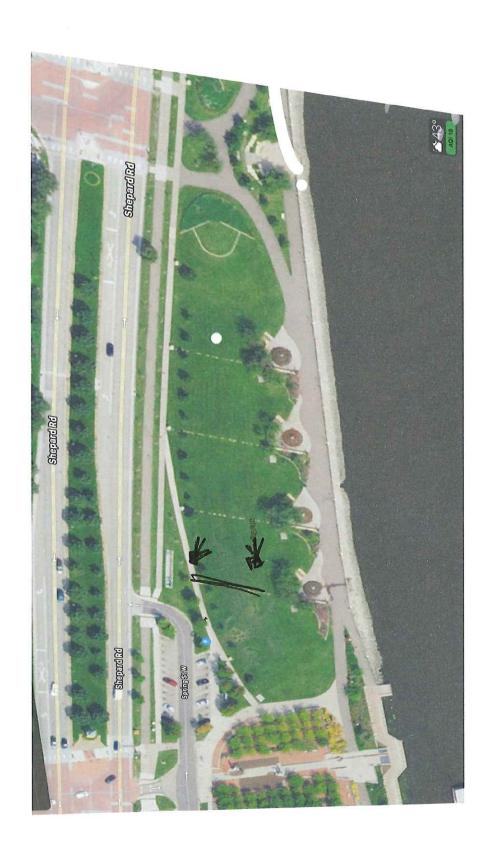
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1.	Organization/person seeking variance: MONSTER SERIES, LLC, JOHN LARSO					
	Event Name: MONSTER DASH					
3.	3. Address and physical description of noise source location (Event, Worksite):					
	Upper Landing Park					
4.	Responsible person: TOHN LARSON Title: Executive Director					
5.	Telephone: 612-968-3224 E-Mail: TEAMORTHO @gmail. Com					
6.	Date(s) variance requested: Oct 29, 2022					
7.	Noise source - Time(s) of operation: 8:30 - 12:30 8Am - 1PM					
	- Time(s) of pre-event sound check: 8/15 am					
8.	Sound level requested (dBA/Decibels): 89dbA 50 ·					
9.	Mailing address w/zip code: 2008 Highland View Ave, Burns ville, MN 55337					
	Briefly describe the noise source and equipment involved:					
	Amplified Sound using a microphone and speakers					
11.	Describe the steps that will be taken to minimize the noise levels:					
	Speakers will be faced towards the attenders					
<i>12</i> .	State reason for seeking variance (example - music, announcements, construction, etc.): Announcement					
13.	Maximum number of attendees: 2000					
14.	A <u>site diagram & map</u> must be attached showing location of noise source(s), streets, stages, tents,					
eta	:. (If there will be amplified sound, indicate location and direction that all speakers will be facing.					
Μι	ultiple 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					

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DSI RECEIPT

CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street Suite 220
Saint Paul, Minnesola 55101-1806
Phone: (651) 266-8989 Fax: (651) 266-9124
www.stpaul.gov/dsi

Date: 08/29/2022

Received From: JOHN LARSON dba: MONSTER SERIES

2008 HIGHLAND VIEW AVE BURNSVILLE MN 55337

Description:

Invoice Details Amount Paid **Invoice Amount**

1128996

Noise Variance \$534.00 \$534.00

\$534.00 **TOTAL AMOUNT PAID:**

Paid By:

Payment Type	Check #	Received Date	Amount
Check	8536	08/29/2022	\$534.00