

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: Twin Cities in Motion						
<b>2</b> .	Event Name: Medtronic Twin Cities Marathon Weekend						
<i>3</i> .	Address and physical description of noise source location (Event, Worksite):						
М	Minnesota State Capitol Grounds, 75 Rev Dr Martin Luther King Jr Blvd, Saint Paul, MN 55115						
4.	Responsible person: Sam Rush Title: Event Operations Manager						
5.	Telephone: 651-289-7706 E-Mail: samr@tcmevents.org						
6.	Date(s) variance requested: Saturday. October 1, 2022 and Sunday. October 2, 2022						
<b>7.</b>	Noise source - Time(s) of operation: 7:30am-2:30pm, 10/2/22 7:00am-12:00pm 10/1/22						
	- Time(s) of pre-event sound check: 7:15am-7:30am, 10/2/22 6:30am-7:00am, 10/1/22						
8.	3. Sound level requested (dBA/Decibels): Up to 85 decibels						
9.	. Mailing address w/zip code: 2635 University Ave W, Suite 190, St Paul, MN 55114						
10.	D. Briefly describe the noise source and equipment involved:						
Ever	nt announcements and music using microphones and music connected to a speaker system.						
<b>11.</b> Describe the steps that will be taken to minimize the noise levels: Position speakers so they face the roadway and keep the decibel levels minimized.							
<b>12.</b> State reason for seeking variance (example - music, announcements, construction, etc.): Event related							
13.	Maximum number of attendees: 18,000 Announcements and entertainment						
14.	<b>4.</b> A <u>site diagram &amp; 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.							
Mu	ltiple 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							
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.							
Sigr	nature of responsible person: Salar Date: 7/14/22						



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	Organization/person seeking variance: Twin Cities in Motion					
2.	Event Name: Medtronic Twin Cities Marathon Weekend					
3.	3. Address and physical description of noise source location (Event, Worksite):					
1-Mississippi River Blvd - Eustis to Marshal 10 - Summit Ave (see attached)						
4.	Responsible person: Sam Rush Title: Event Operations Manager					
5.	Telephone: 651-289-7706					
6.	Date(s) variance requested: Sunday, October 2, 2022					
<i>7.</i>	Noise source - Time(s) of operation: 7:30am-2:30pm, 10/2/22					
	- Time(s) of pre-event sound check: 7:15am-7:30am, 10/2/22					
8.	3. Sound level requested (dBA/Decibels): Up to 85 decibels					
9.	. Mailing address w/zip code: 2635 University Ave W, Suite 190, St Paul, MN 55114					
10.	Briefly describe the noise source and equipment involved:Music and amplified sound from bands and DJs					
11.	Describe the steps that will be taken to minimize the noise levels: Position speakers so they face the roadway					
and keep the decibel levels minimized in heavy residential areas						
12.	State reason for seeking variance (example - music, announcements, construction, etc.): Event related					
13.	Maximum number of attendees: 18,000 Announcements and entertainment					
14.	<b>14.</b> A <u>site diagram &amp; 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.						
Mul	ltiple locations may require more than one application.)					
15.	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.						
Sigr	nature of responsible person: Saw Date: 7/14/22					

# 2022 MEDTRONIC TWIN CITIES MARATHON Sound Level Variance Permit Application – Course Locations

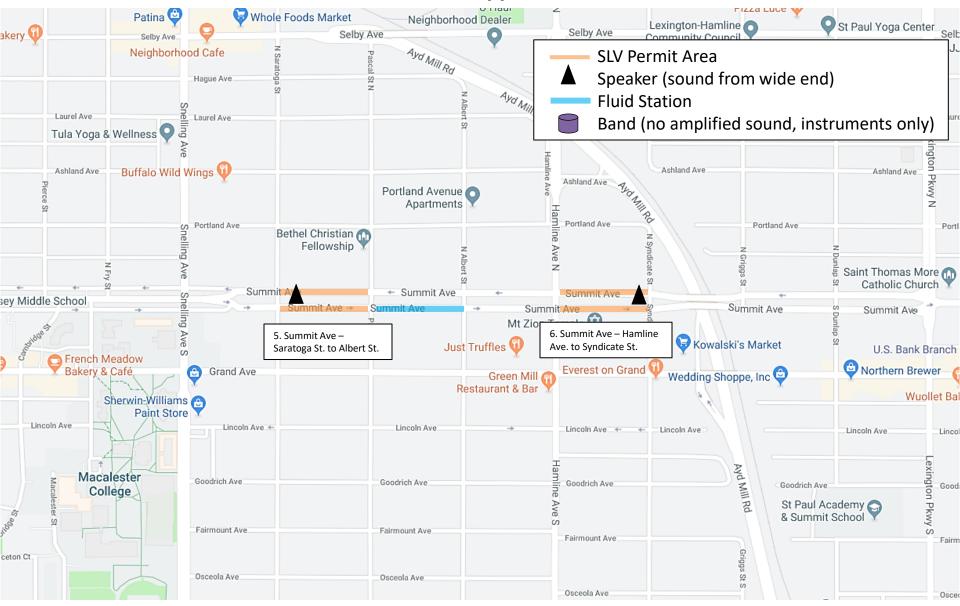




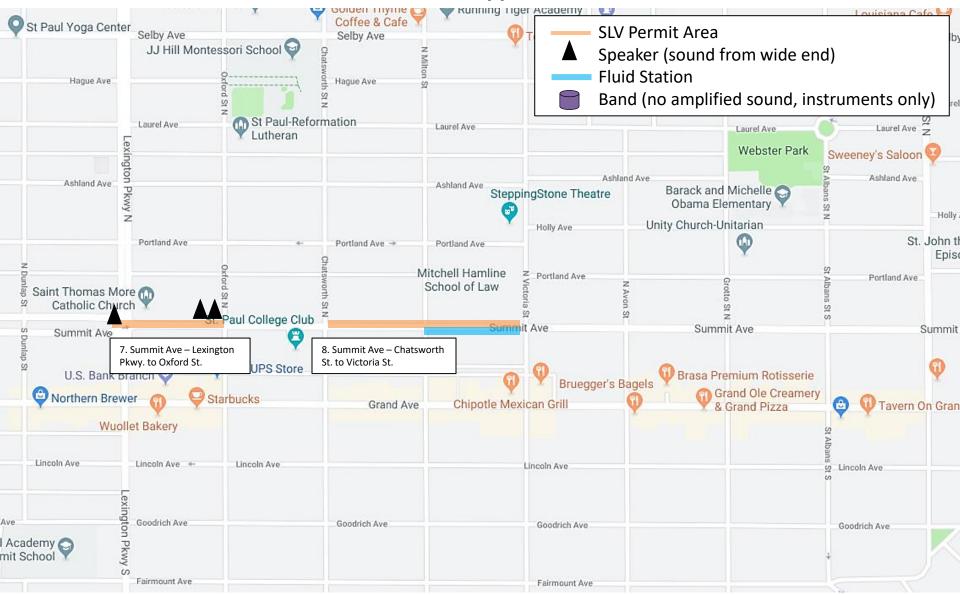
# MEDTRONIC TWIN CITIES MARATHON WEEKEND



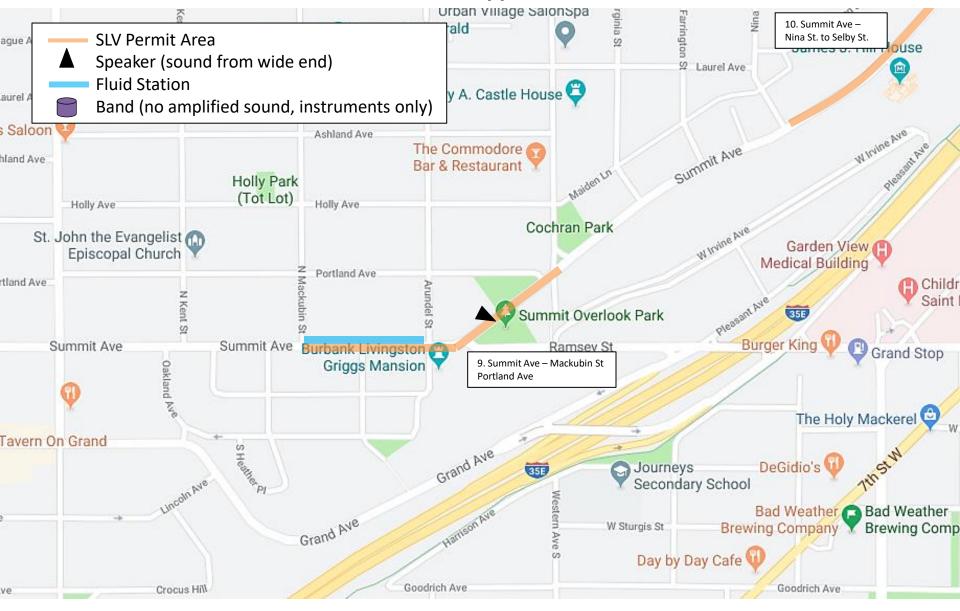




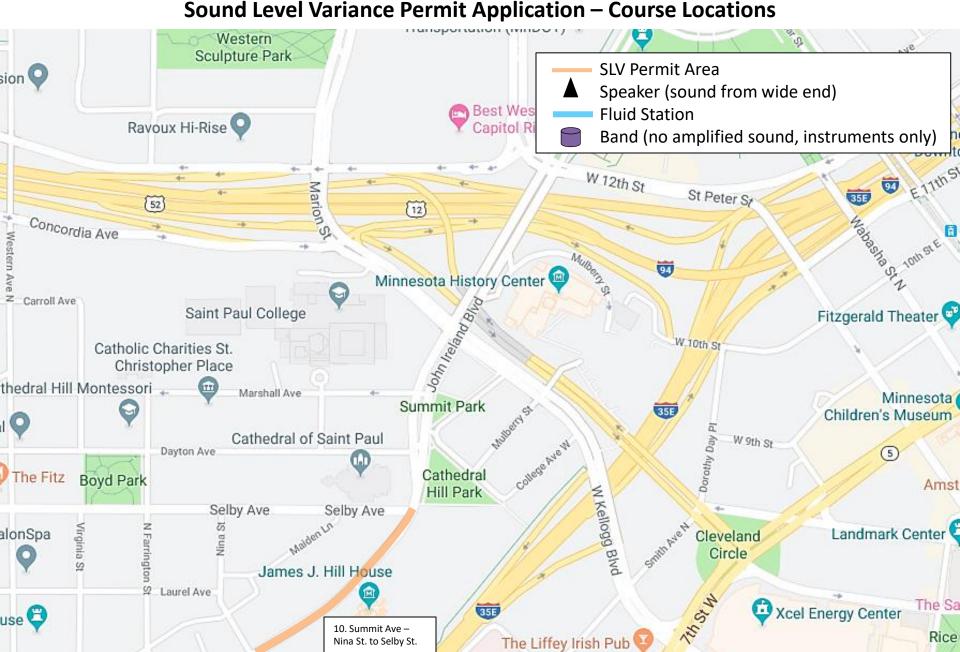
# MEDTRONIC TWIN CITIES MARATHON WEEKEND



MEDTRONIC
TWIN CITIES MARATHON
WEEKEND

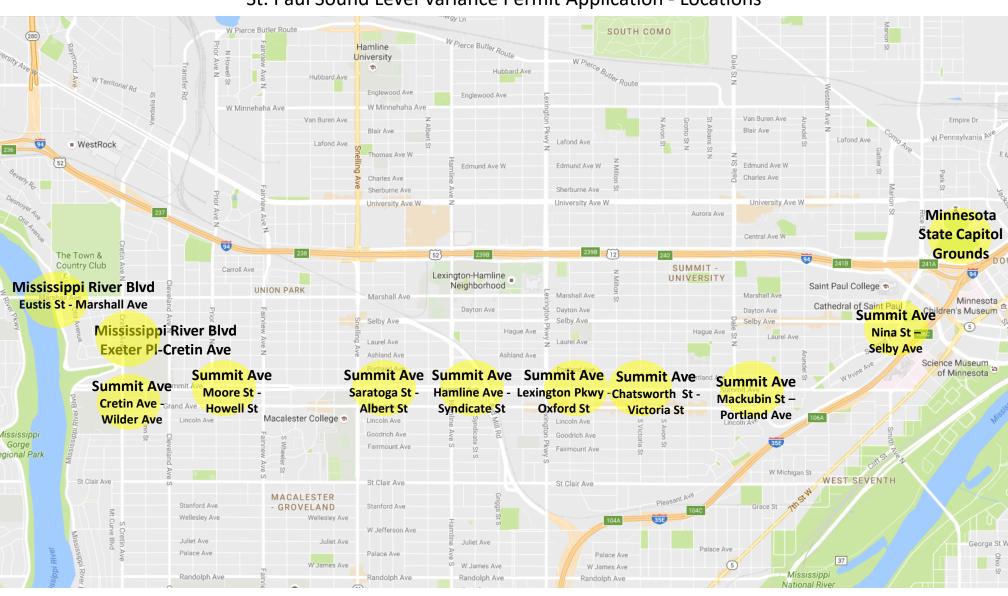






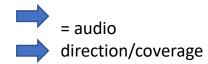
### **2022 Medtronic Twin Cities Marathon Weekend**

St. Paul Sound Level Variance Permit Application - Locations



# 2022 Twin Cities Marathon Finish Area Amplified Sound Locations

= speaker bank







### **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

Date: 07/27/2022

Received From: TWIN CITIES IN MOTION

2635 UNIVERSITY AVE W STE 190 ST PAUL MN 55114

Description:

Invoice Details

**Invoice Amount** 

**Amount Paid** 

1128004

Noise Variance

\$1,958.00

\$1,958.00

**TOTAL AMOUNT PAID:** 

\$1,958.00

#### Paid By:

Payment Type	Check #	Received Date	Amount
Check	38498	07/27/2022	\$1,958.00