



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

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

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

Application for Sound Level Variance

City of Saint Paul Noise Ordinance
Chapter 293 of the Saint Paul Legislative Code

Organization or person seeking variance: Vital Events

1. Mailing Address with Zip Code: 9075 S. 500 W. Sandy, UT. 84070

2. Responsible person: Melanie Hansen

3. Title or position: Event Manager

4. Telephone: 248 414-1454

5. Briefly describe the noise source and equipment involved: Generators 50 KW whisper watt, Stage Audio/Line Array pro audio

6. Address or legal description of noise source: Harriet Island - 200 Dr. Justus Unge Blvd - St. Paul, MN 55107

7. Noise source time of operation: 9:00AM - 12:30 PM

Briefly describe the steps that will be taken to minimize the noise levels: We will start sound as close to the event starting time as possible. We will also turn off sound immediately following the event.

Briefly state reason for seeking variance: We are putting on a SK fun run. There will be a festival afterwards where people can dance.

Date(s) during which the variance is requested: April 26th 2014

Signature of responsible person: Melanie Hansen Date: March 13, 2014

Return completed Application and \$164.00 fee to:
CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806
(651) 266-8989

Office Use Only	
Date Rec'd.	_____
Reviewed	_____
Date Public Notice Sent	_____
Referred to Council	_____

NOTE: APPLICATION MUST BE RECEIVED NO FEWER THAN 30 (THIRTY) DAYS PRIOR TO THE EVENT DATE



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.sipaul.gov/dsi

Date: 03/17/2014

Received From: VIRAL EVENTS
9875 S 500 W SANDY UT 84070

Description:

Invoice Details

889833

Noise Variance

Invoice Amount

Amount Paid

\$164.00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	3994	03/17/2014	\$164.00