



SAINT PAUL
SAFETY & INSPECTIONS

E 05/16

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, DIRECTOR

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: Ragnar Events, LLC
2. Event Name: Ragnar Minnesota 2024
3. Address and physical description of noise source location (Event, Worksite):
Cass Gilbert Park 30 Sherburne Ave, St Paul, MN 55155
4. Responsible person: Erin Houg Title: Race Director
5. Telephone: 425-941-2640 E-Mail: ehoug@runragnar.com
6. Date(s) variance requested: August 9, 2024
7. Noise source - Time(s) of operation: 5AM - 2PM
- Time(s) of pre-event sound check: 4:30AM
8. Sound level requested (dBA/Decibels): Less than 80 decibals
9. Mailing address w/zip code: 5570 W 1730 S #1000, Salt Lake City, UT 84104
10. Briefly describe the noise source and equipment involved: We will be sending waves of runners thru the chute starting at 5AM. Announcer will verbally send them off.
11. Describe the steps that will be taken to minimize the noise levels: The loudest time frame will be 7am - 9am as that is when we have the most runners being sent out.
12. State reason for seeking variance (example - music, announcements, construction, etc.):
Announcer starting off runners and music.
13. Maximum number of attendees: 230 teams
14. 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.
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

Signature of responsible person: 

Date: 5/16/2024

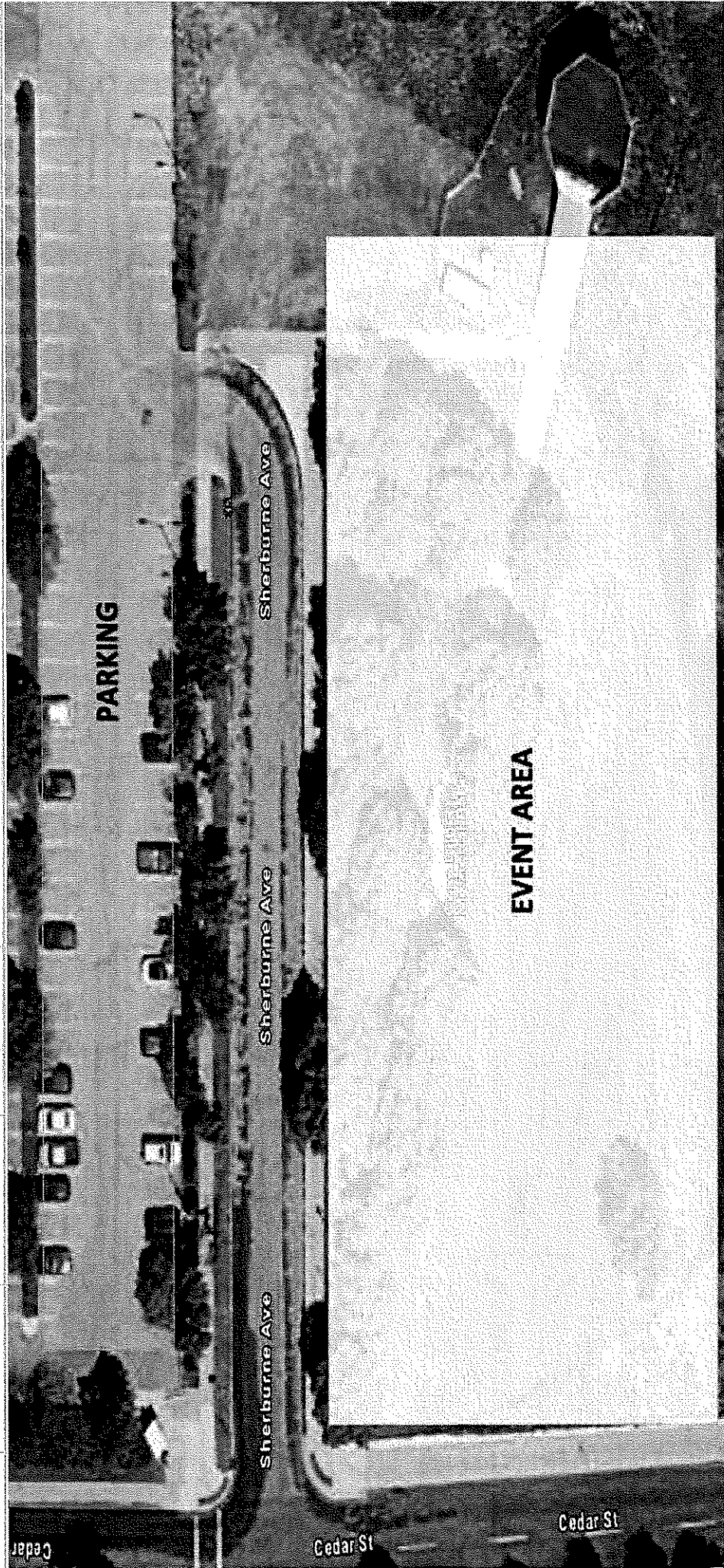
CITY OF SAINT PAUL
MELVIN CARTER, MAYOR

AN AFFIRMATIVE ACTION &
EQUAL OPPORTUNITY EMPLOYER

STPAUL.GOV

Start Line Location		Venue Contact		Nighttime Hours
30 Sherburne Ave, St. Paul MN 55155		TEXT ONLY: 661-RAGNAR-1 (661-724-6271)		8:00 pm - 6:30 am
Runner Times		Parking		Leg Distances
First Start Time Allowed	Open Start	Parking Capacity		
Last Start Time Allowed	Close Start	Parking Need	Park Start	Outgoing leg distance
Amenities Open		SEE PAGE 2 FOR EXCHANGE DETAILS		
EXCHANGE DETAIL:				

<input checked="" type="checkbox"/>	Runner path	<input type="checkbox"/>	Parking	<input checked="" type="checkbox"/>	Toilets
<input checked="" type="checkbox"/>	Van path	<input checked="" type="checkbox"/>	Volunteer	<input checked="" type="checkbox"/>	Trash

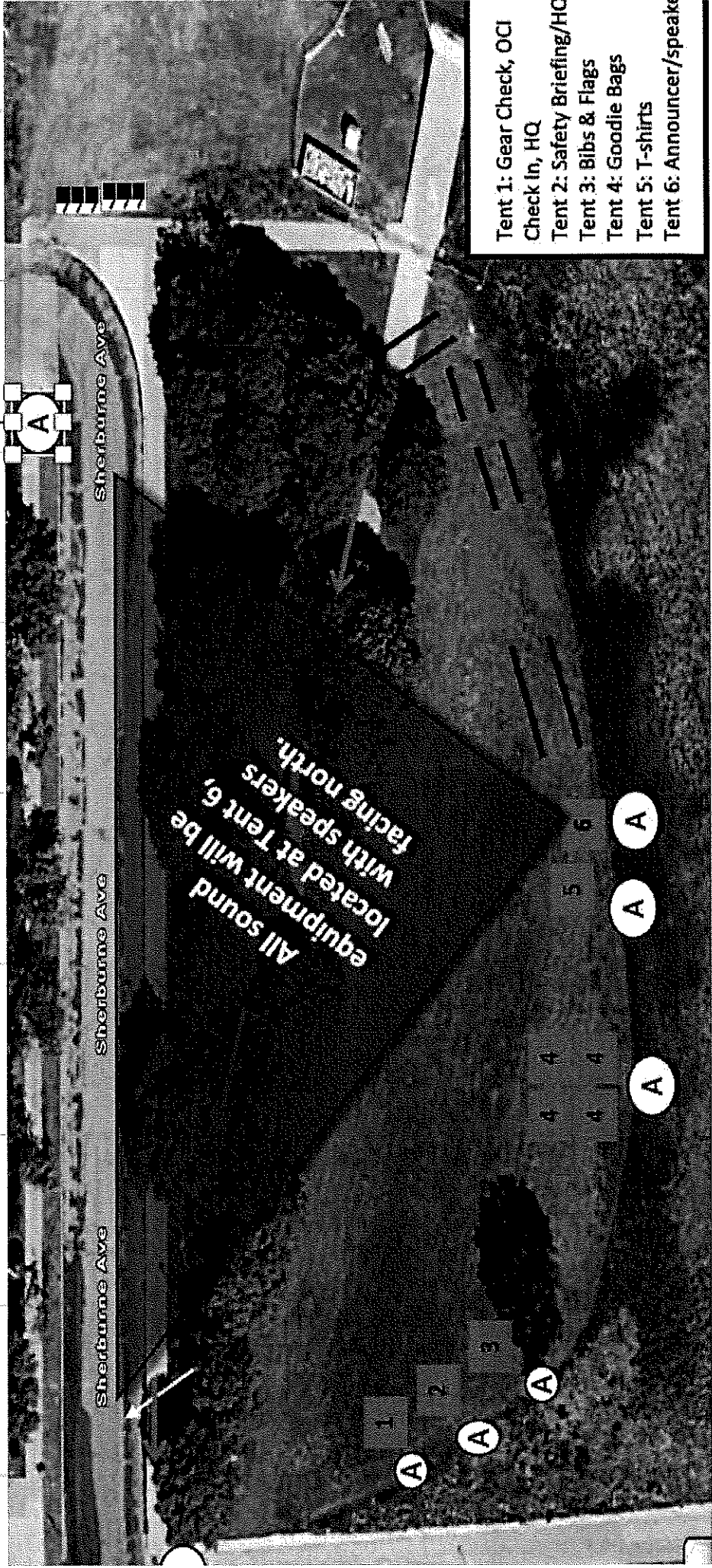


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		Park Start
		Outgoing leg distance
		3.4

SEE PAGE 3 FOR VOLUNTEER DUTIES AND EXCHANGE NOTES

EXCHANGE DETAIL:

Runner path	<input type="checkbox"/>	Parking	<input type="checkbox"/>	Medic	<input type="checkbox"/>	Toilets	<input type="checkbox"/>	Water
Van path	<input type="checkbox"/>	Chute	<input type="checkbox"/>	10x10 tent	<input type="checkbox"/>	Trash	<input type="checkbox"/>	Power
Volunteer	<input type="checkbox"/>	Cones and tape	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Gear Semi	<input type="checkbox"/>	Police



- Tent 1: Gear Check, OCI Check In, HQ
- Tent 2: Safety Briefing/HQ
- Tent 3: Bibs & Flags
- Tent 4: Goodie Bags
- Tent 5: T-shirts
- Tent 6: Announcer/speakers



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: 05/22/2024

Received From: RAGNAR EVENTS
5570 1730 S SALT LAKE CITY UT 84104

Description:

Invoice Details

1161297

Noise Variance

Invoice Amount

\$178.00

Amount Paid

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V3413	05/22/2024	\$178.00