



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

RECEIVED IN D.S.I.

MAY 02 2017

Sound Level Variance Application

City of Saint Paul Noise Ordinance (Chapter 293)

Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.

1. Organization/person seeking variance: Minnesota Bike Festival

2. Mailing Address w/zip code: 2038 Ford Parkway #464, St Paul, MN, 55116

3. Responsible person: Carlos Villalpando Title: St. Paul Venue Coordinator

4. Event Name: North Star Bike Festival

5. Telephone: (651) 253-1213 E-Mail: carlos@minnbikefestival.com

6. Date(s) during which the variance is requested: June 14th, 2017

7. Noise source - Time(s) of operation: 4:30 - 9:30 PM

- Time(s) of pre-event sound check: 3:00 PM

8. Address or legal description of Noise source: Amplified sound to do PA during race, nusci be played during intervals

788 Grand Ave, St Paul, MN 55105

9. Sound level requested: _____

10. Describe the noise source and all equipment involved: _____

PA System

11. Describe the steps that will be taken to minimize the noise levels: _____

Sound will be directed toward the east and west bound of Grand Ave

12. State reason for seeking variance: (E.g. music, announcements, construction, etc.) _____

Its important for the success of the event that the attendandt can listen at what is happening during the race

13. Attach site diagram 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.

14. Return completed Application, Site Diagram, and \$169.00 fee to: _____

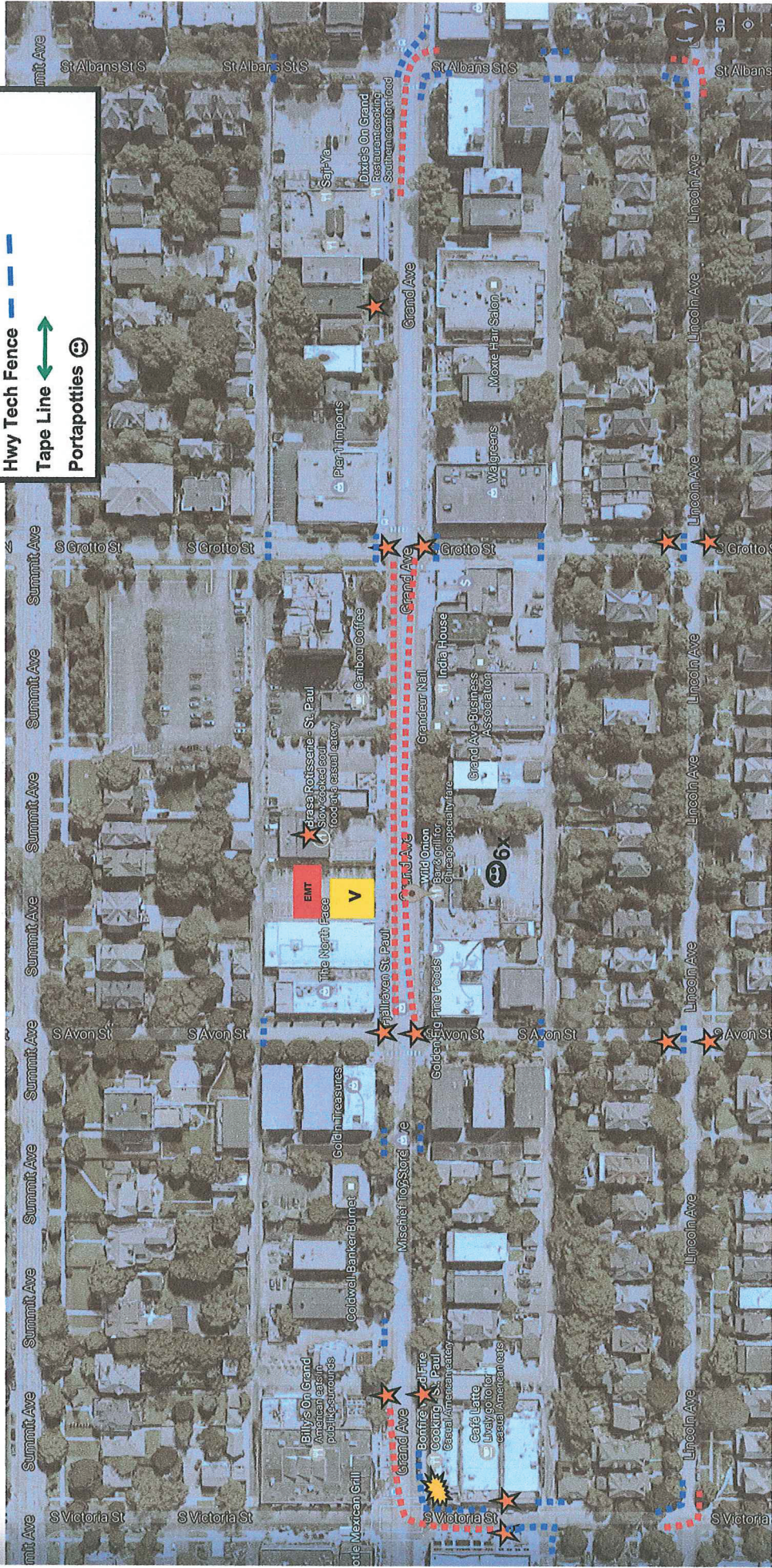
\$172.00

CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806

Signature of responsible person: Carlos Villalpando Date: 3/19/2017

St. Paul Grand Ave Critterium

| | |
|----------------|--|
| Volunteer Tent | |
| Medical Tent | |
| Volunteer | |
| Police Office | |
| Haybale | |
| White Fence | |
| Hwy Tech Fence | |
| Tape Line | |
| Portapotties | |





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: 05/02/2017

Received From: CARLOS VILLALPANDO dba: MINNESOTA BIKE FESTIVAL
2038 FORD PKWY ST PAUL MN 55116

Description:

Invoice Details

991113

Noise Variance

Invoice Amount

\$172.00

Amount Paid

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

| Payment Type | Check # | Received Date | Amount |
|--------------|---------|---------------|----------|
| Credit Card | | 05/02/2017 | \$172.00 |