



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

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: Twin Cities In Motion
2. Mailing Address w/zip code: 2635 University Ave W., Suite 190, St. Paul, MN 55114
3. Responsible person: Elizabeth Vincenty Title: Race Director
4. Event Name: Medtronic Twin Cities Marathon
5. Telephone: 651-289-7705 E-Mail: elizabeth@tomevents.org
6. Date(s) during which the variance is requested: Sunday 10/7/18
7. Noise source - Time(s) of operation: 10/7/18 - 7:30am - 2:30 pm
- Time(s) of pre-event sound check: 10/7/18 - 7:15am - 7:30 am
8. Address or legal description of Noise source: Mississippi River Blvd and Summit Ave, eight locations: Eustis St/Marshall Ave, Cretin Ave/Cleveland Ave, Moore St/Howell St, Saratoga St/Pascal St, Hamline Ave/Syndicate St, Lexington Pkwy/Oxford St, Chatsworth St/Milton St, Nina St/Selby Ave
9. Sound level requested: up to 85 decibels
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 (E.g. music, announcements, construction, etc.): Event related announcements and entertainment
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 \$172.00 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: Elizabeth Vincenty Date: 7/31/18



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2. Mailing Address w/zip code: 2635 University Ave W, Suite 190, Saint Paul, MN 55114
3. Responsible person: Elizabeth Vincenty Title: Race Director
4. Event Name: Medtronic Twin Cities Marathon Weekend
5. Telephone: 651-289-7705 E-Mail: elizabeth@tcmevents.org
6. Date(s) during which the variance is requested: Saturday 10/6/17 and Sunday 10/7/18
7. Noise source - Time(s) of operation: 10/6/18 - 7:00 am - 12:00 pm, 10/7/18 - 7:00 am - 2:30 pm
- Time(s) of pre-event sound check: 10/6/18 - 6:30 am to 7:00 am, 10/7/18 - 6:30 am to 7:00 am
8. Address or legal description of Noise source: Minnesota State Capital Grounds
75 MLK Blvd, Saint Paul, MN 55115
9. Sound level requested: up 85 decibels
10. Briefly describe the noise source and equipment involved: Event announcements and music at Capital Grounds using microphones and music connected to a speaker system.
11. Describe the steps that will be taken to minimize the noise levels: Position speakers away from buildings and residential areas and keep decibel levels minimized.
12. State reason for seeking variance (E.g. music, announcements, construction, etc.): Event related announcements and entertainment
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 \$172.00 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: _____

Elizabeth Vincenty

Date: _____

7/31/18



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: 08/06/2018

Received From: TWIN CITIES IN MOTION
2635 UNIVERSITY AVE W STE 190 ST PAUL MN 55114

Description:

Invoice Details

1029765

Noise Variance

Invoice Amount

\$1,548.00

Amount Paid

\$1,548.00

TOTAL AMOUNT PAID:

\$1,548.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	35222	08/06/2018	\$1,548.00