DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, *Director*

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

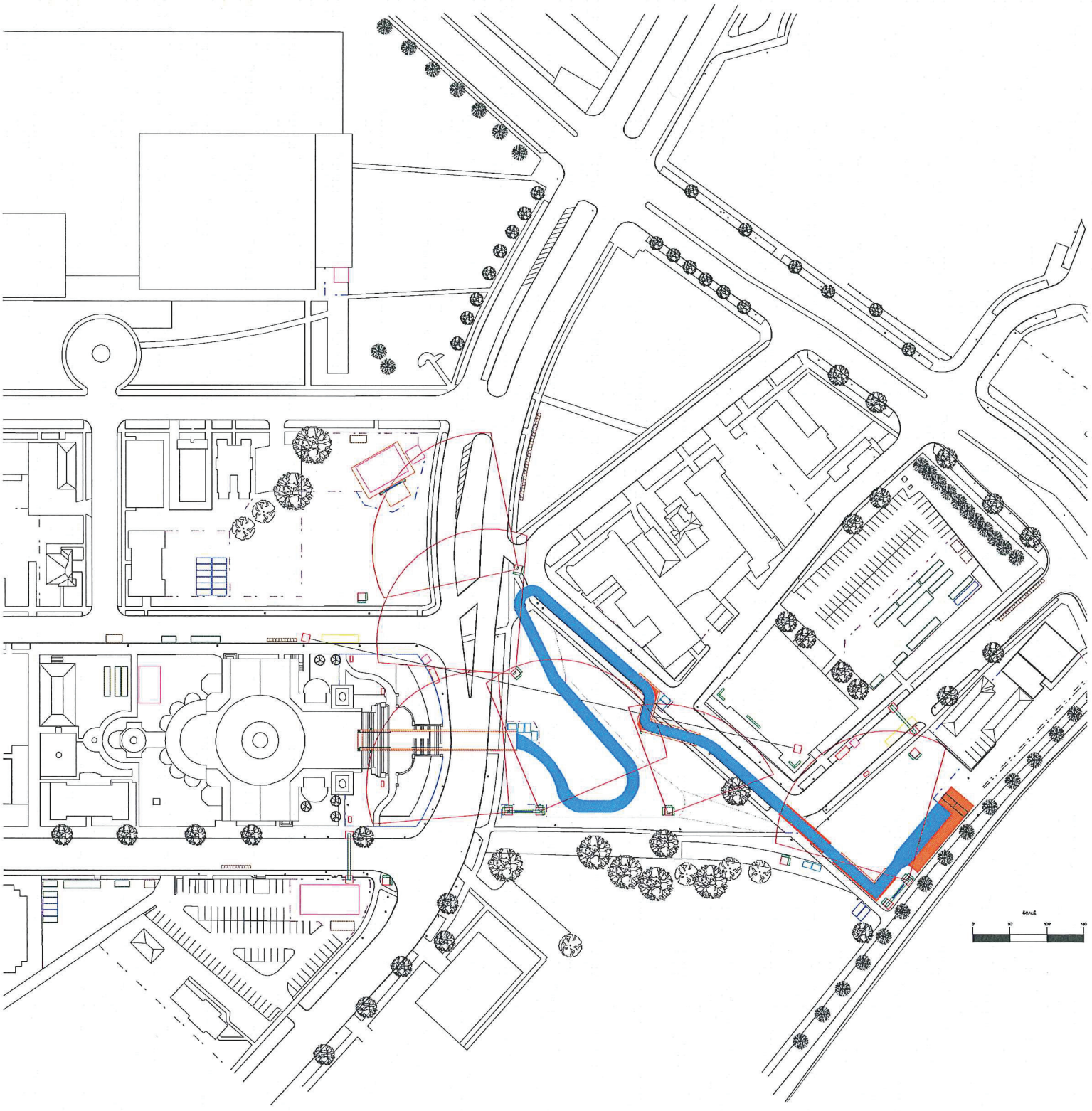
Sound Level Variance Application

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:* HANGMAN PRODUCTIONS USA INC.
2. *Mailing Address w/zip code:* 4500 4TH AVE S. / SEATTLE, WA 98134
3. *Responsible person:* ANDREW MARKEY *Title:* PRESIDENT
4. *Event Name:* RED BULL CRASHED ICE
5. *Telephone:* 813-401-2379 *E-Mail:* MARKEY@HANGMANPRODUCTIONS.CA
6. *Date(s) during which the variance is requested:* DEC. 27, 2017 TO JAN. 29, 2018 Jan 19 & 20, 2018 4pm to 10pm
7. *Noise source - Time(s) of operation:* DEC. 27 TO JAN. 29 - CHILLERS & GENERATORS / JAN 19-20 AUDIO SYSTEM
   - Time(s) of pre-event sound check: JAN 17 / 18 / 19 - 2PM - 4PM
8. *Address or legal description of Noise source:* ST. PAUL CATHEDRAL & SURROUNDING AREA - 2 BLOCK RADIUS
9. *Sound level requested:* 95 DB @ 80' FOR AUDIO / 80 DB @ 15' FOR GENERATORS & CHILLERS
10. *Briefly describe the noise source and equipment involved:*
    CHILLERS / GENERATORS / FORKLIFTS / VEHICLES
    LINE ARRAY AUDIO SYSTEM
11. *Describe the steps that will be taken to minimize the noise levels:*
    EVENT PRODUCER HAS CONTROL OF AUDIO LEVELS AT ALL TIMES IF ADJUSTMENTS ARE REQUIRED
12. *State reason for seeking variance (E.g. music, announcements, construction, etc.):*
    MUSIC / ANNOUNCEMENTS / CONSTRUCTION / CRASHED ICE IN GENERAL
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: _____ **Date:** OCTOBER 18, 2017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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: 10/25/2017

Received From: HANGMAN PRODUCTIONS USA INC
4500 4TH AVE S SEATTLE WA 98134

Description:

Invoice Details	Invoice Amount	Amount Paid
1009276		
Noise Variance	$172.00	$172.00

TOTAL AMOUNT PAID: **$172.00**

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card		10/25/2017	$172.00