



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: USA TRIATHLON (DUATHLON NATIONAL CHAMPIONSHIPS)
2. Mailing Address w/zip code: 5825 DELMONICO DR., SUITE 200, COLORADO SPRINGS, CO 80919
3. Responsible person: BRIAN D'AMICO Title: NATIONAL EVENTS SR. MANAGER
4. Event Name: USA TRIATHLON DUATHLON NATIONAL CHAMPIONSHIPS
5. Telephone: (719) 510.6035 E-Mail: brian.damico@usatriathlon.org
6. Date(s) during which the variance is requested: _____
7. Noise source - Time(s) of operation: SAT. (5am - 3:00pm) SETUP: WED-FRI 8am-Spm/
- Time(s) of pre-event sound check: FRI, JUNE 5th @ 11:00am trucks &
forklift
8. Address or legal description of Noise source: HARRIET ISLAND
9. Sound level requested: FOR ANNOUNCEMENTS & MUSIC
10. Describe the noise source and all equipment involved: 1) Portable speakers & airhorn
@ start 2) Music & announcement by transition/finish
line (diagram & sound system specs attached)
11. Describe the steps that will be taken to minimize the noise levels: Ensure music is not on
past hours, only operate when needed.
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.) Not a Championship
event w/ music, announcements, operation of forklifts during
setup
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 \$164.00 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: B-D'A Date: 2/26/2015



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: 03/18/2015

Received From: SAINT PAUL RIVERCENTRE dba: VISIT SAINT PAUL
175 KELLOGG BLVD W STE 502 ST PAUL MN 55102

Description:

Invoice Details

921223

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	42614	03/18/2015	\$164.00