



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)

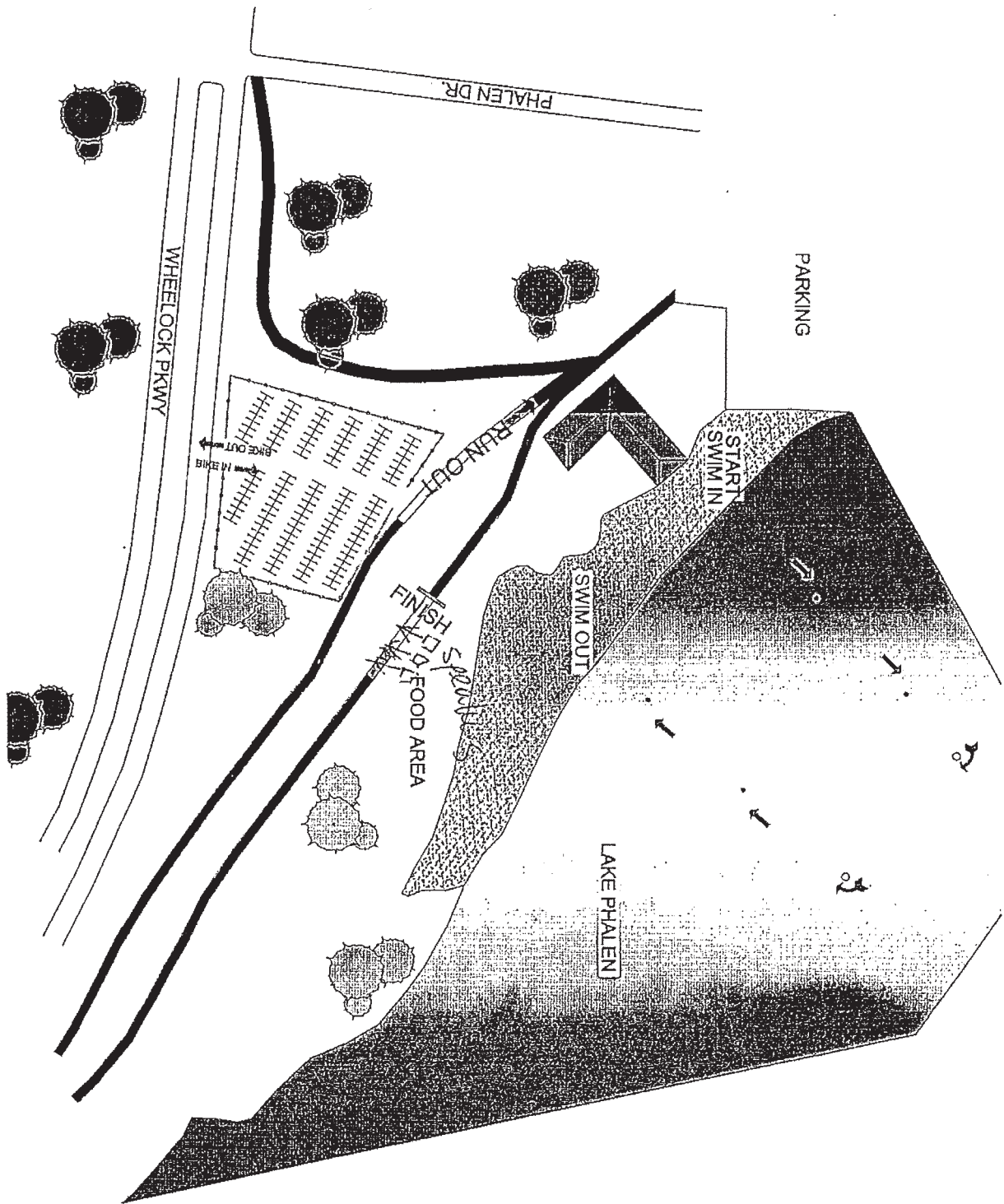
Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.

1. Organization/person seeking variance: Tri Fitness LLC
2. Mailing Address w/zip code: 2370 County Road J, Suite 103 WBL MN 55110
3. Responsible person: Judi Fluger Title: Owner/Race Director
4. Event Name: St Paul Triathlon
5. Telephone: 651-426-1919 E-Mail: judi@trifitnessllc.com
6. Date(s) during which the variance is requested: August 18, 2018
7. Noise source - Time(s) of operation: 7am to 12:30 pm
- Time(s) of pre-event sound check: none
8. Address or legal description of Noise source: DJ/Announcer - playing music and announcing athletes as they cross finish line - course information
9. Sound level requested: _____
10. Briefly describe the noise source and equipment involved: DJ sound system - 3 speakers supplying 1000 watts of power
11. Describe the steps that will be taken to minimize the noise levels: speakers will be pointed away from the lake - only playing loud enough to be heard in the finish area
12. State reason for seeking variance (E.g. music, announcements, construction, etc.): music announcements for athletes, congratulations as cross finish and awards.
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: 7/9/18





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: 07/13/2018

Received From: TRI FITNESS LLC
2370 CTY RD J SUITE 103 WHITE BEAR LAKE MN 55110

Description:

Invoice Details	Invoice Amount	Amount Paid
1028055 Noise Variance	\$172.00	\$172.00
TOTAL AMOUNT PAID:		\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	MC3767	07/13/2018	\$172.00