

OCT 01 2018

DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, Director

CITY OF SAINT PAUL

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi**Sound Level Variance Application**

City of Saint Paul Noise Ordinance (Chapter 293)

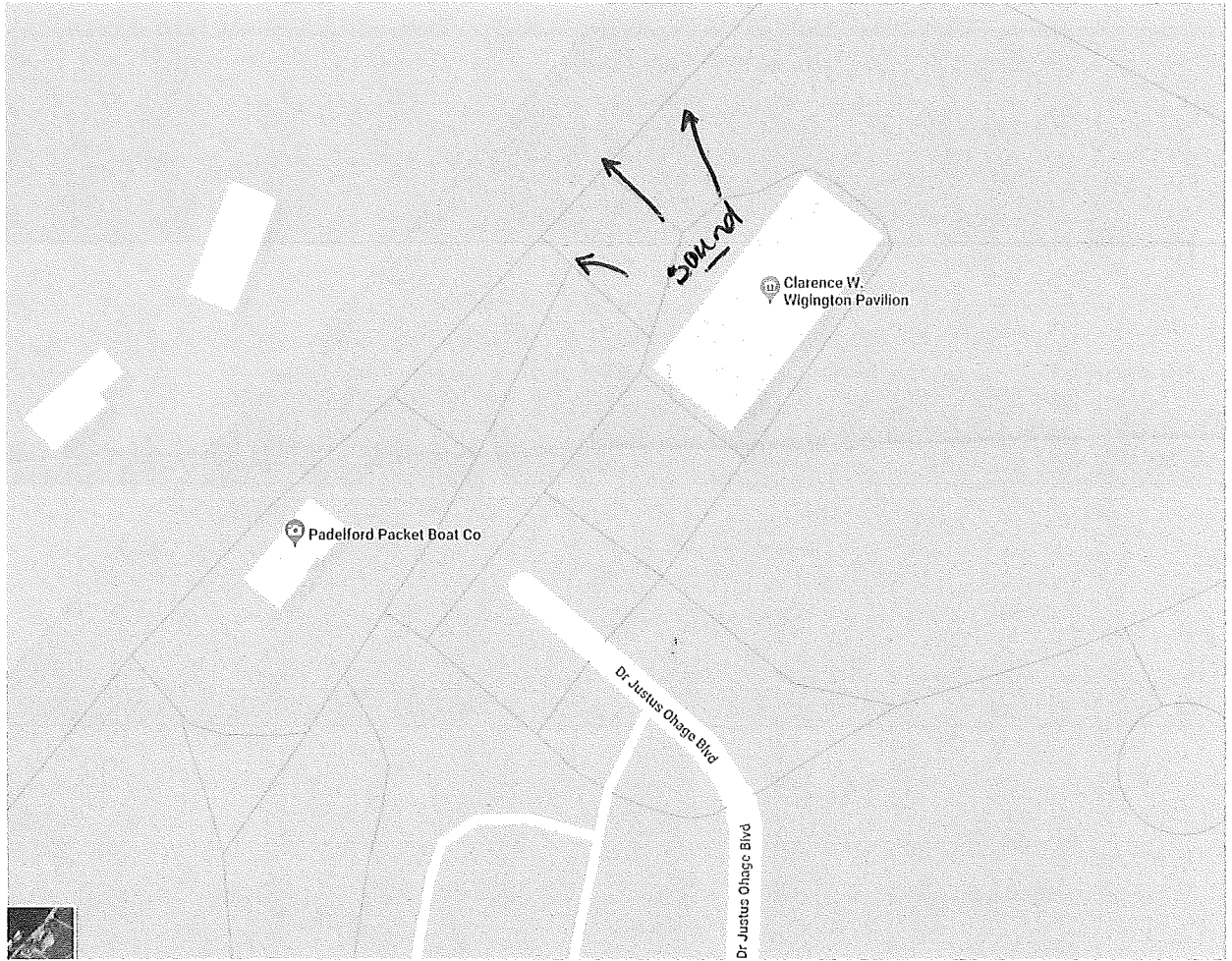
Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.

1. Organization/person seeking variance: Anderson Race Management
2. Mailing Address w/zip code: 4047 Camberwell Dr N. Eagan 55123
3. Responsible person: Mary Anderson Title: President/owner
4. Event Name: Chocoholic Frolic 10K, 5K & Kids Run
5. Telephone: 651-688-9143 E-Mail: mary@andersonraces.com
6. Date(s) during which the variance is requested: Sat, Nov 3, 2018
7. Noise source - Time(s) of operation: 8am-11am
- Time(s) of pre-event sound check: NA
8. Address or legal description of Noise source: Hamlet Island
200 Justis Chage Blvd, St Paul
9. Sound level requested: 90
10. Briefly describe the noise source and equipment involved: Announcer & musician
iPod, portable sound system w/ speakers
11. Describe the steps that will be taken to minimize the noise levels: announcing during
registration, at start & finish. Will face away
from any houses/businesses.
12. State reason for seeking variance (E.g. music, announcements, construction, etc.): pre event
announcements, music when not announcing
in the background
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:

Jennifer Williamson Date: 9-8-18
jennifer@andersonraces.com





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: 10/01/2018

Received From: ANDERSON RACE MANAGEMENT
4047 CAMBERWELL DRIVE N EAGAN MN 55123

Description:

Invoice Details

1033525

Misc. License Transaction

Invoice Amount

\$172.00

Amount Paid

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	2298	10/01/2018	\$172.00