



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

FINISH

Sound Level Variance Application

City of Saint Paul Noise Ordinance
Chapter 293 of the Saint Paul Legislative Code

Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than thirty (30) days prior to the public hearing date that is nearest the variance start date. Public hearings are only held on the first and third Wednesday of each month. Variance start dates must be after the public hearing date.

1. Organization/person seeking variance: Team Ortho Foundation, Monster Dash Event
2. Mailing Address w/zip code: 2906 North 2nd Street, Minneapolis, MN 55411
3. Responsible person: Jackie Johnson
4. Title or position: Event Director
5. Telephone: () 952-454-5365 E-Mail: jackie@teamortho.us
6. Briefly describe the noise source and equipment involved: _____
Area 1 & 2: Speakers (Allied Sound) Area 3: Mobile Stage, Band, Speakers

7. Address or legal description of noise source: See Attached Diagrams of Areas
Area 1: Shepard Road Washington to Eagle Area 2: Eagle Pkwy Shepard to Chestnut Area 3: Upper Landing Park Shepard & Eag

8. Noise source time of operation: Area 1: 9:00-12:30 pm Area 2: 8:00-12:30 pm Area 3: 8:00-2:30 pm

9. Date(s) during which the variance is requested: Saturday, October 25, 2014

10. Describe the steps that will be taken to minimize the noise levels: _____
Area 1: Speakers will face the Railroad Tracks away from Residential Area 2: Speakers facing street, Science Museum
Area 3: Stage will be at the farthest end of the park over 600 ft. from Residential

11. Briefly state reason for seeking variance: Pre-Race Costume Contest, Race Announcements,
& Public Safety Notifications

12. 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.

13. Return completed Application and **\$164.00** fee to:

CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806
(651) 266-8989

Signature of responsible person: Jacquelyn K. Johnson Date: 9-3-2014