



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

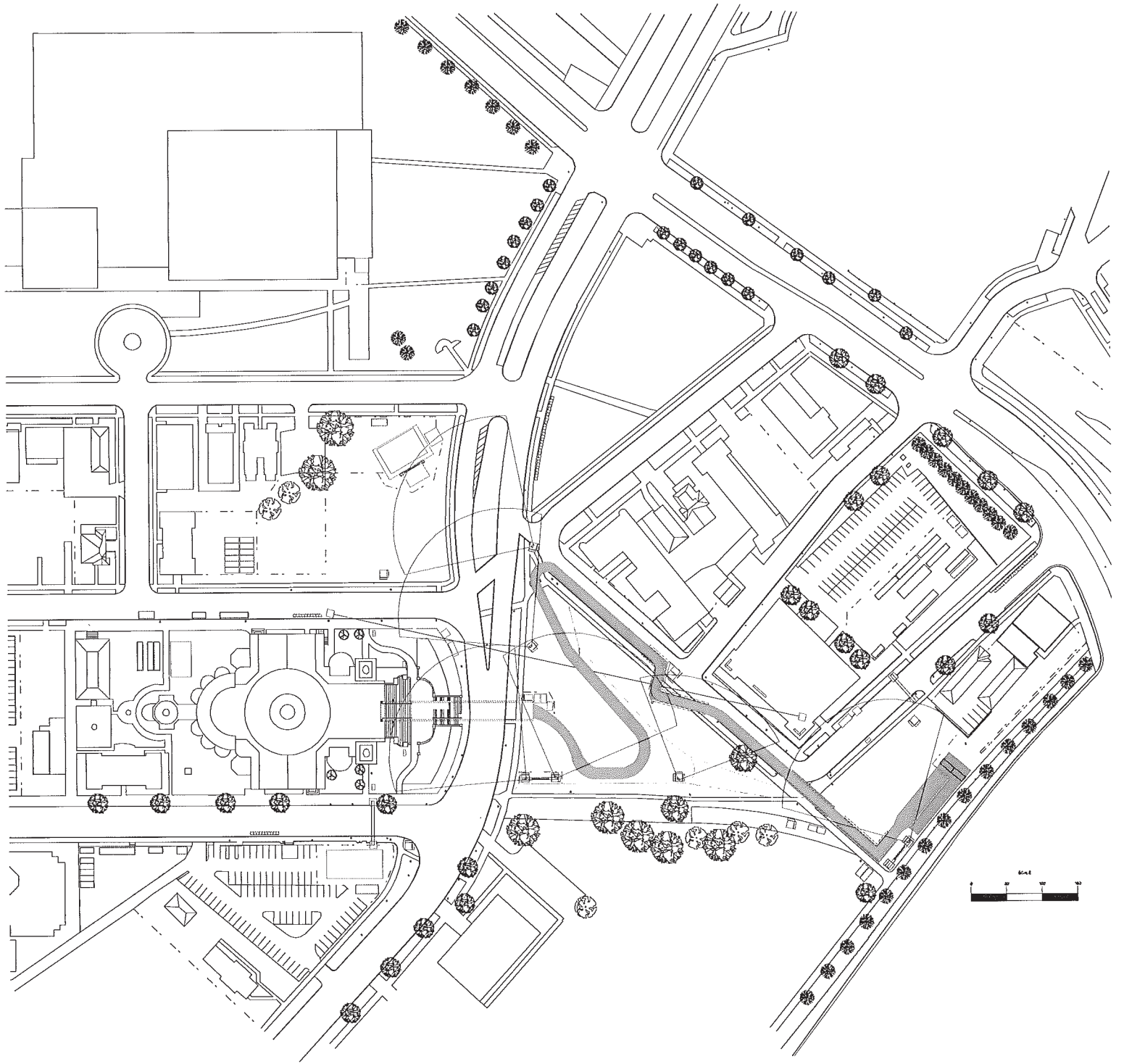
City of Saint Paul Noise Ordinance (Chapter 293)

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
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: JAN. 9 - FEB. 10, 2017
7. Noise source - Time(s) of operation: CHILLERS & GENERATORS JAN. 9 - FEB. 10 / AUDIO SYSTEM FEB. 2 - 4
- Time(s) of pre-event sound check: FEB. 2 2PM
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
10. Describe the noise source and all equipment involved: CHILLERS / PUMPS / GENERATORS / FORKLIFTS / VEHICLES /
AUDIO SPEAKERS - LINE ARRAY 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
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 \$169.00 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: NOV. 28, 2016





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: 12/13/2016

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

Description:

Invoice Details

979807

Noise Variance

Invoice Amount

Amount Paid

\$169.00

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card		12/13/2016	\$169.00