

JUL 31 2017

DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, Director



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

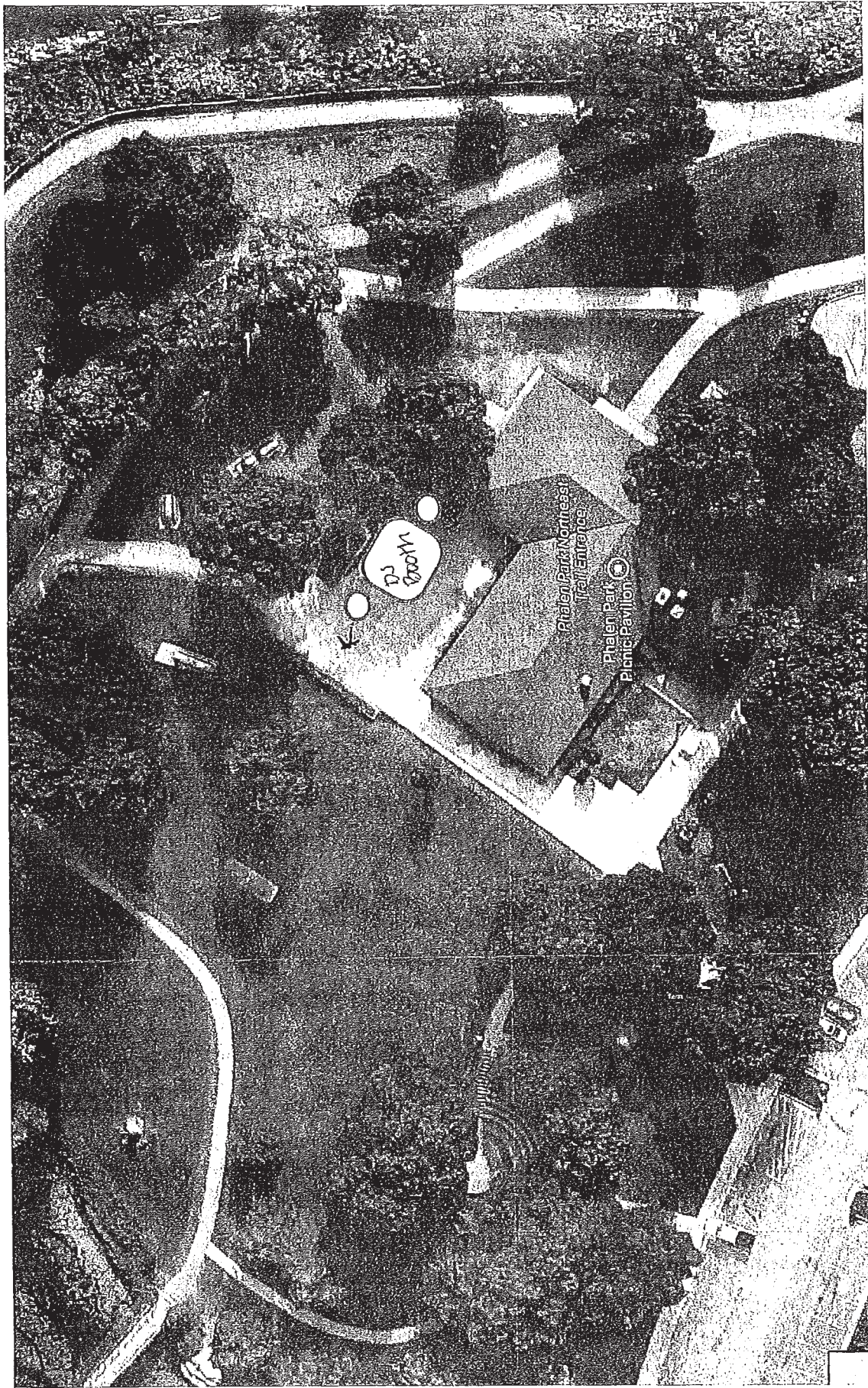
City of Saint Paul Noise Ordinance (Chapter 293)

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: The ALS Association, MN/NO/SD chapter
2. Mailing Address w/zip code: 333 N. Washington Ave, Ste 105, Minneapolis, MN 55401
3. Responsible person: Ryan Stauff Title: Vice President of Development
4. Event Name: Twin Cities Walk to Defeat ALS
5. Telephone: 612-672-0484 E-Mail: ryan@alsmn.org
6. Date(s) during which the variance is requested: September 16, 2017
7. Noise source - Time(s) of operation: 8:00 am - 1:00 pm
- Time(s) of pre-event sound check: NA
8. Address or legal description of Noise source: 1600 Phalen Drive, St. Paul, MN
55106
9. Sound level requested: Above 65 dBA
10. Briefly describe the noise source and equipment involved: Sound system for event, playing music and making announcements.
11. Describe the steps that will be taken to minimize the noise levels: Sound will be kept at a "background music" level and announcements for participants. Will aim speakers away from lake.
12. State reason for seeking variance (E.g. music, announcements, construction, etc.): Sound will be used for announcements and music.
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: 7-25-17



Speakers will aim away from the lake.



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: 08/04/2017

Received From: THE ALS ASSOCIATION MN ND SD CHAPTER
333 WASHINGTON AVE N STE 105 MINNEAPOLIS MN 55401

Description:

Invoice Details

998095

Noise Variance

Invoice Amount

Amount Paid

\$172.00

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	19838	08/04/2017	\$172.00