



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

**Application for Sound Level Variance**  
City of Saint Paul Noise Ordinance  
Chapter 293 of the Saint Paul Legislative Code

1. Organization or person seeking variance: Team Ortho Foundation - Women ROCK Half Marathon/10K/5K
  2. Mailing Address with Zip Code: 2906 2nd Street North, Minneapolis, MN 55411
  3. Responsible person: Dawn Roberts
  4. Title or position: Women ROCK Race Director
  5. Telephone: 612.990.9472
  6. Briefly describe the noise source and equipment involved: Mobile Stage, Band, Speakers
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7. Address or legal description of noise source: Upper Landing Park, Shepard Road & Washington, Old Chestnut Road & Shepard
  8. Noise source time of operation: 8:30 - 12:00 at Upper Landing Park, 7:00 - 11:00 Shepard & Washington
  9. Briefly describe the steps that will be taken to minimize the noise levels: Speakers at Upper Landing Park will be placed at the Eastern most end of the park over 600 feet away from businesses/residential. Speakers at Shepard & Washington will be used for announcements only from 7:00 - 8:00 with the exception of the
  10. Briefly state reason for seeking variance: national anthem.  
Post Race Party, Start Line/Finish Line Announcements and Entertainment
  11. Date(s) during which the variance is requested: Saturday, August 30th, 2014

Signature of responsible person: Dawn Roberts Date: 6.26.14

**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

<b>Office Use Only</b>	
Date Rec'd.	_____
Reviewed	_____
Date Public Notice Sent	_____
Referred to Council	_____

**NOTE: APPLICATION MUST BE RECEIVED NO FEWER THAN 30 (THIRTY) DAYS PRIOR TO THE EVENT DATE**



# 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: 07/03/2014

Received From: TEAM ORTHO FOUNDATION  
2906 2ND ST N MINNEAPOLIS MN 55411

Description:

Invoice Details

898727

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

**TOTAL AMOUNT PAID:**

**\$164.00**

Paid By:

Payment Type	Check #	Received Date	Amount
Check	11497	07/03/2014	\$164.00