



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

9/30/14
Ad w/clk# 11623
\$164.00 2c

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 N. 2nd Street St., Mpls, 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: Mobile DJ w/Speakers to Create Music for Runners when they pass or Finish the race – Finish Line Announcements

7. Address or legal description of noise source: Shepard Road b/w Homer & Elway 10 Mile Finish Area

- 8. Noise source time of operation: 9:00 am – 11:30 am
- 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: Speakers will face the river aiming away from all residential areas

11. Briefly state reason for seeking variance: Course Entertainment and Finish Line Announcements

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: Date: 9/25/14



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: 09/30/2014

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

Description:

Invoice Details

904825

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	11623	09/30/2014	\$164.00