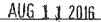
DEPARTMENT OF SAFETY AND INSPECTIONS Ricardo X. Cervantes, Director





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.

Floor of Alberta
1. Organization/person seeking variance: Plannel Ath 174165
2. Malling Address w/zip code: 19619 Sunty Huz Xwiey Mp 55378
3. Responsible person: Charles Wishy Title: Owner
4. Event Name: MN Wild Bradeling Run
5. Telephone: ((1) 599-718) E-Mail: ( (b) (5/19 ( Alanny athletics com
6. Date(s) during which the variance is requested: 9, 24. 94
7. Noise source - Time(s) of operation: / Du - /Oa
- Time(s) of pre-event sound check: 7:00 (
8. Address or legal description of Noise source: 199 W Vallogo Blud St. Paul Mn) 50/02
Xiyl gunt Center,
9. Sound level requested: 90 decibas
10. Describe the noise source and all equipment involved: 500 Watt Sound Statem OT
DIAMINA MUDIC and announce making PA announcements
11. Describe the steps that will be taken to minimize the noise levels: MUNG & announcements by
by light at a Kirl just loud enough 30 productivents pan hour
in stractions new the start Sinish line SAULERS will be moter exception
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)
music & Au annuaryments
THOSE & PER CHIHIUME CONTROL
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.
Source, majetate rocation and an ection that an speakers will be judingly inditiple 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: Wim W Washing Date: 8/9///



## **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: 08/11/2016

Received From: FLANNEL ATHLETICS

14619 SUMTER AVE SAVAGE MN 55378

Description:

Invoice Details Invoice Amount Paid

965956

Noise Variance \$169.00 \$169.00

TOTAL AMOUNT PAID: \$169.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	1869	08/11/2016	\$169.00