



CITY OF SAINT PAUL  
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220  
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989  
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## 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: Twin Cities In Motion
2. Mailing Address w/zip code: 2635 University Ave W, Suite 190, St. Paul, MN 55114
3. Responsible person: Elizabeth Vincenty Title: Director of Race Operations Race Director
4. Event Name: Medtronic Twin Cities Marathon
5. Telephone: ( 651 ) 283-7705 E-Mail: elizabeth@tcmevents.org
6. Date(s) during which the variance is requested: October 8th and 9th, 2016
7. Noise source - Time(s) of operation: 10/8/2016 6:30 AM to 12:00 PM, 10/9/2016 7:00 AM to 2:00 PM  
- Time(s) of pre-event sound check: 10/8 6:15 AM to 6:30 AM, 10/9 6:45 AM to 7:00 AM
8. Address or legal description of Noise source: Minnesota State Capitol, 75 Rev Dr Martin Luther King Jr Blvd., St. Paul MN 55155
9. Sound level requested: Up to 55 to 65 decibels
10. Describe the noise source and all equipment involved: Event announcers using a microphone and music connected to speaker system.
11. Describe the steps that will be taken to minimize the noise levels: We will position the speakers to reach a confined area and will keep the speaker volume at a reasonable level.
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)  
Announcements
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: \_\_\_\_\_

*Elizabeth Vincenty*

Date: \_\_\_\_\_

9/19/16