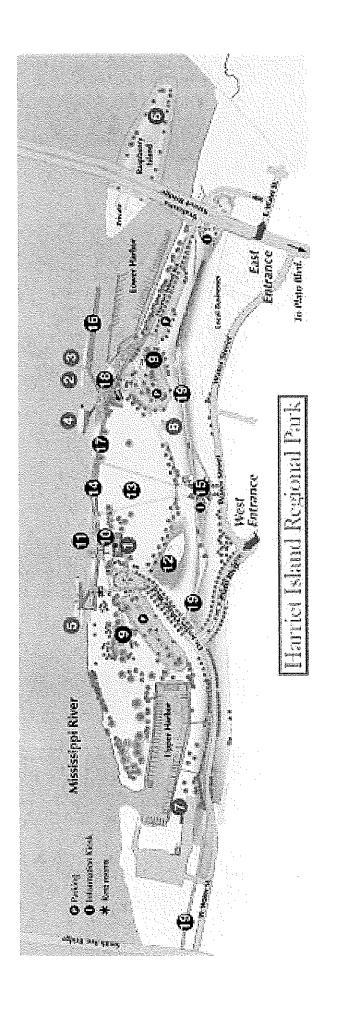


375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

## **Sound Level Variance Application**

Legislative Code Chapter 293. - Noise Regulations Application and \$178 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of the event date may not satisfy the processing timeline requirements.

Monday Corine 110
1. Organization/person seeking variance: Monster Series, LLC
2. Event Name: Get Lucky
3. Address and physical description of noise source location (Event, Worksite):
Harriet Island Park
4. Responsible person: John Lavson Title: President
5. Telephone: 612-968-3224 E-Mail: teamorthologinal.com
6. Date(s) variance requested: March 11, 2023
7. Noise source - Time(s) of operation: 8:00 AM - 1 pm
- Time(s) of pre-event sound check: 7:55 mm
8. Sound level requested (dBA/Decibels): 85dB
9. Mailing address w/zip code: 2008 High and View Ave S., Burnsville, 14N 5533
10. Briefly describe the noise source and equipment involved: Amplified Speakers for
Start/Finish Line of Race
11. Describe the steps that will be taken to minimize the noise levels: Generally Speaker Suil
not face houses
12. State reason for seeking variance (example - music, announcements, construction, etc.):
Music and an nounce ments
13. Maximum number of attendees: 100 C
<b>14.</b> A <u>site diagram &amp; map</u> must be attached 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.)
15. Submit completed application, site diagram/map, and \$178 fee to: CITY OF SAINT PAUL, DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806
I understand any social gathering associated with this variance must be managed in compliance with any applicable Mayor Carter executive order regarding vaccinations, distancing, masks and attendance
Signature of responsible person: July Jan Date: Nov 4, 2022





## 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: 11/04/2022

Received From: MONSTER SERIES LLC

2008 HIGHLAND VIEW AVE S BURNSVILLE MN 55337

Description:

Invoice Details

Invoice Amount

**Amount Paid** 

1138513

Noise Variance

\$356.00

\$356.00

**TOTAL AMOUNT PAID:** 

\$356.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	8580	11/04/2022	\$356.00