



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

Public Hearing
Oct 17th

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

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

RECEIVED IN D.S.I.

SEP 26 2012

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 -- Monster Dash Race -- October 27, 2012
2. Mailing Address with Zip Code: 2906 N. 2nd Street, Mpls, MN 55411
3. Responsible person: Jackie Johnson -- Race Director
4. Title or position: Race Director -- Monster Dash
5. Telephone: 952-454-5365 (Cell)
6. Briefly describe the noise source and equipment involved: Mobile Stage, 32 channel mixing board with speakers
7. Address or legal description of noise source: Upper Landing Park (behind Science Museum). Old Chestnut St and Shepard Rd, St Paul, MN, 55102
8. Noise source time of operation: 9:00 am - 3:00 pm
9. Briefly describe the steps that will be taken to minimize the noise levels: Speakers will be placed at the farthest end of the park a distance of over 600 ft. away from the Businesses and Residents
10. Briefly state reason for seeking variance: Post Race Party Entertainment for Monster Dash Race
11. Date(s) during which the variance is requested: Saturday, October 27, 2012

Signature of responsible person: *Jackie Johnson* Date: 9/26/2012

Return completed Application and
CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806
(651) 266-8989

85 dBA as measured 50 feet
from sound source.

**NOTE: APPLICATION MUST BE 1
THAN 30 (THIRTY) DAYS PRIOR**



DSI RECEIPT

CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street Suite 220
Saint Paul, Minnesota 55101-1806
Phone: (651) 266-8889 Fax: (651) 266-9124
www.stpaul.gov/dsi

Date: 09/26/2012

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

Description:

Invoice Details

835053

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	8079	09/26/2012	\$164.00