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SEP 14 2017

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

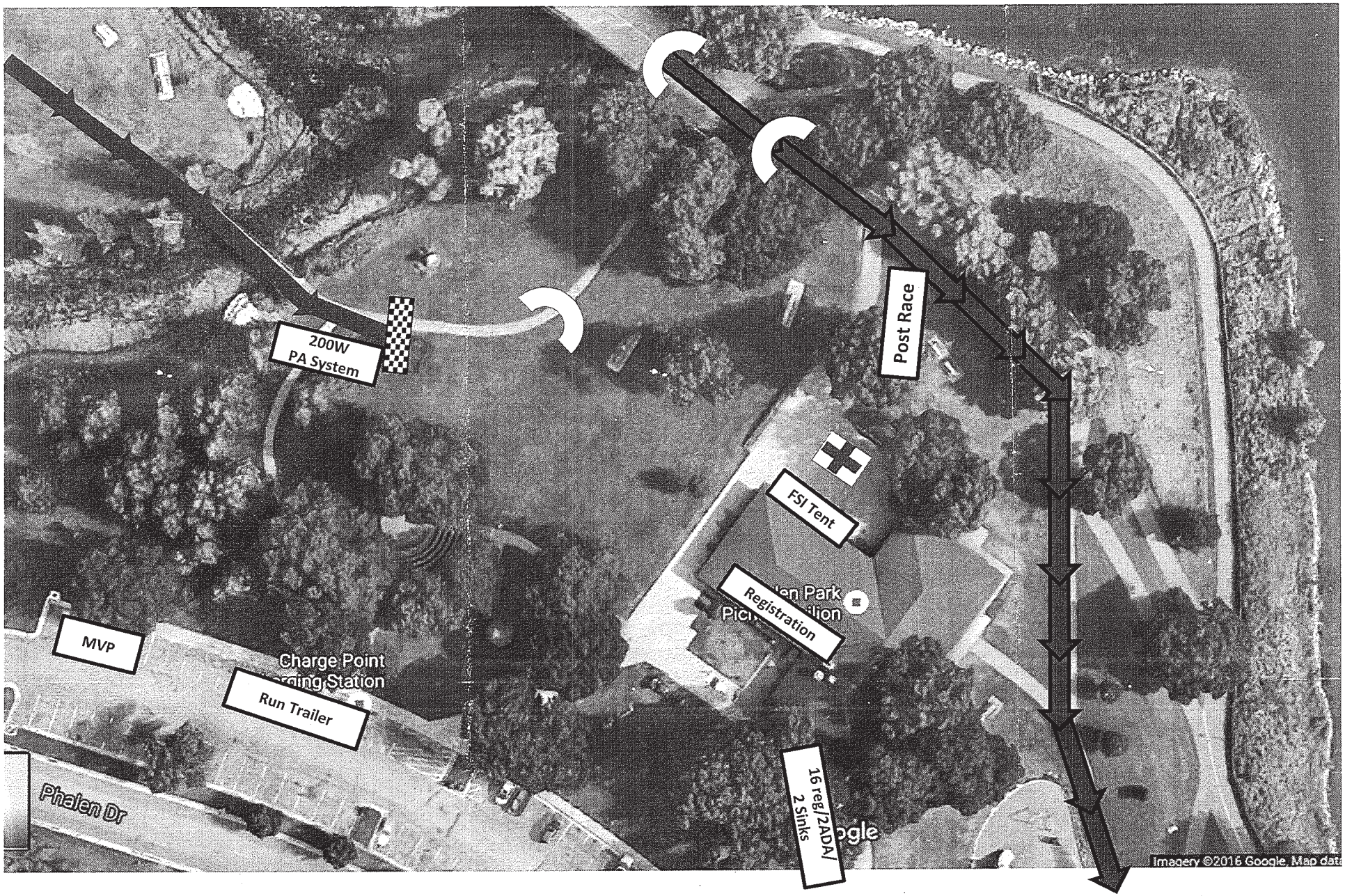
Sound Level Variance Application

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.

1. *Organization/person seeking variance:* Final Stretch Inc.
2. *Mailing Address w/zip code:* PO Box 121
3. *Responsible person:* Mark Bongers *Title:* President
4. *Event Name:* Unleash the SHE 5K/10K
5. *Telephone:* 507-649-2322 *E-Mail:* mbongers@finalstretch.com
6. *Date(s) during which the variance is requested:* Oct. 15th 2017
7. *Noise source - Time(s) of operation:* 8:30am - 12:00pm
   - Time(s) of pre-event sound check: N/A
8. *Address or legal description of Noise source:* Lake Phalen Park Reserve Picnic Shelter
9. *Sound level requested:*
10. *Briefly describe the noise source and equipment involved:* 200w PA System
11. *Describe the steps that will be taken to minimize the noise levels:* Controlled volume, Large Park, Directional Amplification
12. *State reason for seeking variance (E.g. music, announcements, construction, etc.):* Announcements/Music for Finish line
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* ***$172.00 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: Mark A Bongers **Date:** 8/28/17



FSI Tent – 10x20
Post Race – 3 10x10
Medical – 10x10

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: 09/18/2017

Received From: FINAL STRETCH INC
PO BOX 121 NERSTREND MN 55053

Description:

Invoice Details	Invoice Amount	Amount Paid
1000894		
Noise Variance	$172.00	$172.00

TOTAL AMOUNT PAID: **$172.00**

Paid By:

Payment Type	Check #	Received Date	Amount
Check	1585	09/18/2017	$172.00