



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

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 Event
2. Mailing Address with Zip Code: 2906 N. 2nd Street, Minneapolis, MN 55411
3. Responsible person: Jackie Johnson
4. Title or position: Race Director
5. Telephone: 952-454-5365
6. Briefly describe the noise source and equipment involved: Mobile Stage, Band, Speakers
7. Address or legal description of noise source: Upper Landing Park Old Chestnut St. & Shepard Road, St. Paul MN 55102
8. Noise source time of operation: 9:00 a.m. to 3:00 p.m.
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 Businesses & Residents
10. Briefly state reason for seeking variance: Post Race Party & Finish Line Entertainment for the Monster Dash race
11. Date(s) during which the variance is requested: Saturday, October 26, 2013

Signature of responsible person: Jacquelyn K. Johnson Date: 9-16-2013

Return completed Application and \$164.00 fee to:
CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806
(651) 266-8989

Office Use Only	
Date Rec'd.	<u>9/19/13 pric</u>
Reviewed	_____
Date Public Notice Sent	_____
Referred to Council	_____

NOTE: APPLICATION MUST BE RECEIVED NO FEWER THAN 30 (THIRTY) DAYS PRIOR TO THE EVENT DATE



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: 09/18/2013

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

Description:

Invoice Details

870877

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	9646	09/18/2013	\$164.00