



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: Cathedral Park, St. Paul, Mobile Stage, DJ, & Daisy Chained Speakers for Announcement
7. Address or legal description of noise source: St. Paul Cathedral, 239 Selby Ave. St. Paul MN, 55102  
Cathedral Park Surrounding Area toward Kellogg
8. Noise source time of operation: 7:30 a.m. Set Up & Race Village Music, Race Announcements Starting 8:00 a.m.
9. Briefly describe the steps that will be taken to minimize the noise levels: Speakers will be daisy chained from the start line and Stage will be be faced away from residential areas.
10. Briefly state reason for seeking variance: Announcements for Runner Safety & Communication & Music for Runner Experience
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

<b>Office Use Only</b>	
Date Rec'd.	_____
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

870878  
Noise Variance

Invoice Amount

Amount Paid

\$164.00

\$164.00

**TOTAL AMOUNT PAID:**

**\$164.00**

Paid By:

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

*Attn: Pete K.*