

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)

<u>Note:</u> 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: John W. Lavson, Team Ortho Foundation
2. Mailing Address w/zip code: 2906 N. 2nd St. Minneanolis, MN 55411
3. Responsible person: John W. Lavson Title: Executive & Racel Event Director
4. Event Name: Munster Dash
5. Telephone: (612)968.3224 E-Mail: teamortho@gmail.com
6. Date(s) during which the variance is requested: 10 31 2015
7. Noise source - Time(s) of operation: 9:00am - 12:30pm
- Time(s) of pre-event sound check: 8:45 a.m
8. Address or legal description of Noise source: She pard Road under the High Bridge
9. Sound level requested: 80 decipels at 50'
10. Describe the noise source and all equipment involved: Muhile DI Wispeakers to create music
for runners when they pass under the High Bridge on Shepard Road
for rangers when way pass what was in job brising the
11. Describe the steps that will be taken to minimize the noise levels: Speakers will face therever
aiming away from all residential areas - a 3-sided tent well be
placed around station to insure noise only goes where intended
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)
entertainment for runners
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 \$164.00 fee to: CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806
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Signature of responsible person: $\frac{1}{\sqrt{10-15}}$ Date: $\frac{9-10-15}{\sqrt{10-15}}$