

START
AREA

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
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914114 pd wick # 11715
\$ 328.00

2 NOISE Variance
26

Sound Level Variance Application

City of Saint Paul Noise Ordinance
Chapter 293 of the Saint Paul Legislative Code

Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than thirty (30) days prior to the public hearing date that is nearest the variance start date. Public hearings are only held on the first and third Wednesday of each month. Variance start dates must be after the public hearing date.

1. Organization/person seeking variance: Team Ortho Foundation, Monster Dash Event
2. Mailing Address w/zip code: 2906 North 2nd Street, Minneapolis, MN 55411
3. Responsible person: Jackie Johnson
4. Title or position: Event Director
5. Telephone: () 952-454-5365 E-Mail: jackie@teamortho.us
6. Briefly describe the noise source and equipment involved: _____
Area 1: Speakers (Allied Sound) Area 2: Mobile Stage, DJ, Speakers
7. Address or legal description of noise source: See Attached Diagrams of Areas
Area 1: Summit Ave 400 ft. East of Nina to Selby Area 2: Summit Ave Selby to Kellogg (Cathedral Hill Park)
8. Noise source time of operation: Area 1: 8:00-9:00 am Area 2: 7:30-8:30 am
9. Date(s) during which the variance is requested: Saturday, October 25, 2014
10. Describe the steps that will be taken to minimize the noise levels: _____
Area 1: Speakers Daisy Chained towards road – minimal impact to residents
Area 2: Speakers facing St. Paul College & Portable Toilets to block sound from residents
11. Briefly state reason for seeking variance: Pre-Race Costume Contest, Race Announcements,
& Public Safety Notifications
12. 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.
13. 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

Signature of responsible person: Jacquelyn K. Johnson Date: 9-3-2014

6/18/14