

9/16/16 pd wick # 1352 #169 - 2

RECEIVED IN D.S.I.

DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, Director

SEP 12 2016



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)

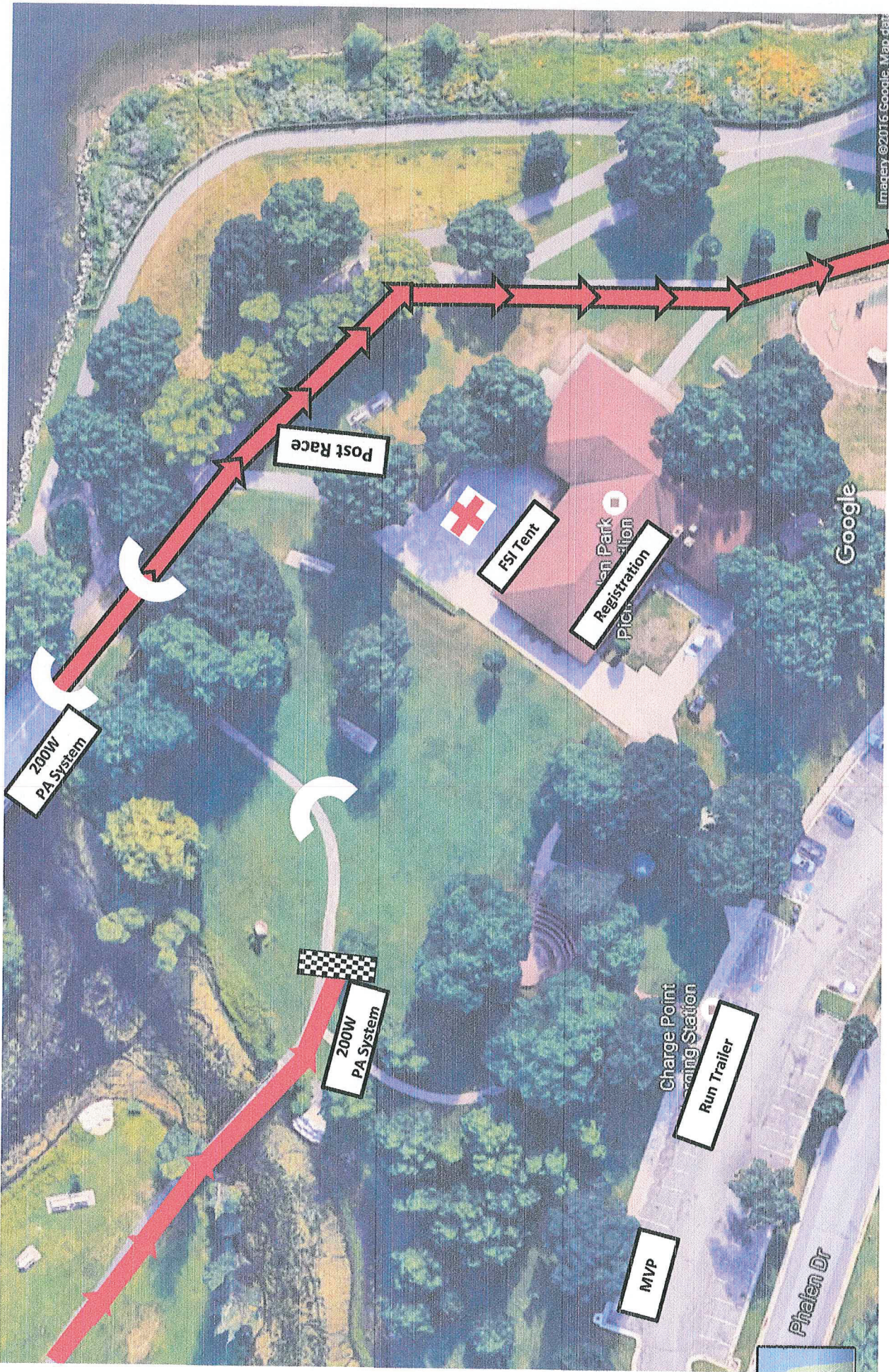
Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.

- 1. Organization/person seeking variance: Final Stretch Inc.
- 2. Mailing Address w/zip code: P.O. Box 121 Nerstrand, MN 55053
- 3. Responsible person: Nathaniel Utpadel Title: Logistics Coordinator
- 4. Event Name: Unleash the SHE 5k/10K
- 5. Telephone: (507) 649-7166 E-Mail: Nate@finalstretch.com
- 6. Date(s) during which the variance is requested: Oct. 23rd 2016
- 7. Noise source - Time(s) of operation: 8:30am - 12:00pm
- Time(s) of pre-event sound check: _____
- 8. Address or legal description of Noise source: Lake Phalen Park Reserve
- 9. Sound level requested: _____
- 10. Describe the noise source and all 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 Start and Finish lines
- 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 \$169.00 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: _____

Date: 9/16/16



- 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: 09/13/2016

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

Description:

Invoice Details

968114

Noise Variance

Invoice Amount

Amount Paid

\$169.00

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	1352	09/13/2016	\$169.00