



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/dst

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: Team Ortho Foundation
2. Mailing Address w/zip code: PO Box 490, Rosemount, MN 55068
3. Responsible person: John Larson Title: Executive Director
4. Event Name: Tiki Run
5. Telephone: (612) 968 3224 E-Mail: marlene@teamortho.us
6. Date(s) during which the variance is requested: July 15, 2017
7. Noise source - Time(s) of operation: 7:00 AM - NOON
- Time(s) of pre-event sound check: 7:00 AM
8. Address or legal description of Noise source: Lower Landing Park, Mississippi National River and Recreation Area,
200 Warner Rd, St Paul, MN 55106
9. Sound level requested: Amplified sound with speakers angled facing towards River -- sound within limits of Section
293.07
10. Describe the noise source and all equipment involved: DJ with amplifier to speakers for Racer announcements
and music
11. Describe the steps that will be taken to minimize the noise levels: Speakers face towards River
Sound will be monitored to remain within limits of Section 293.07
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)
Music to create celebratory race atmosphere and informational announcements for racers.
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:

John W Larson

Date:

June 1, 2017

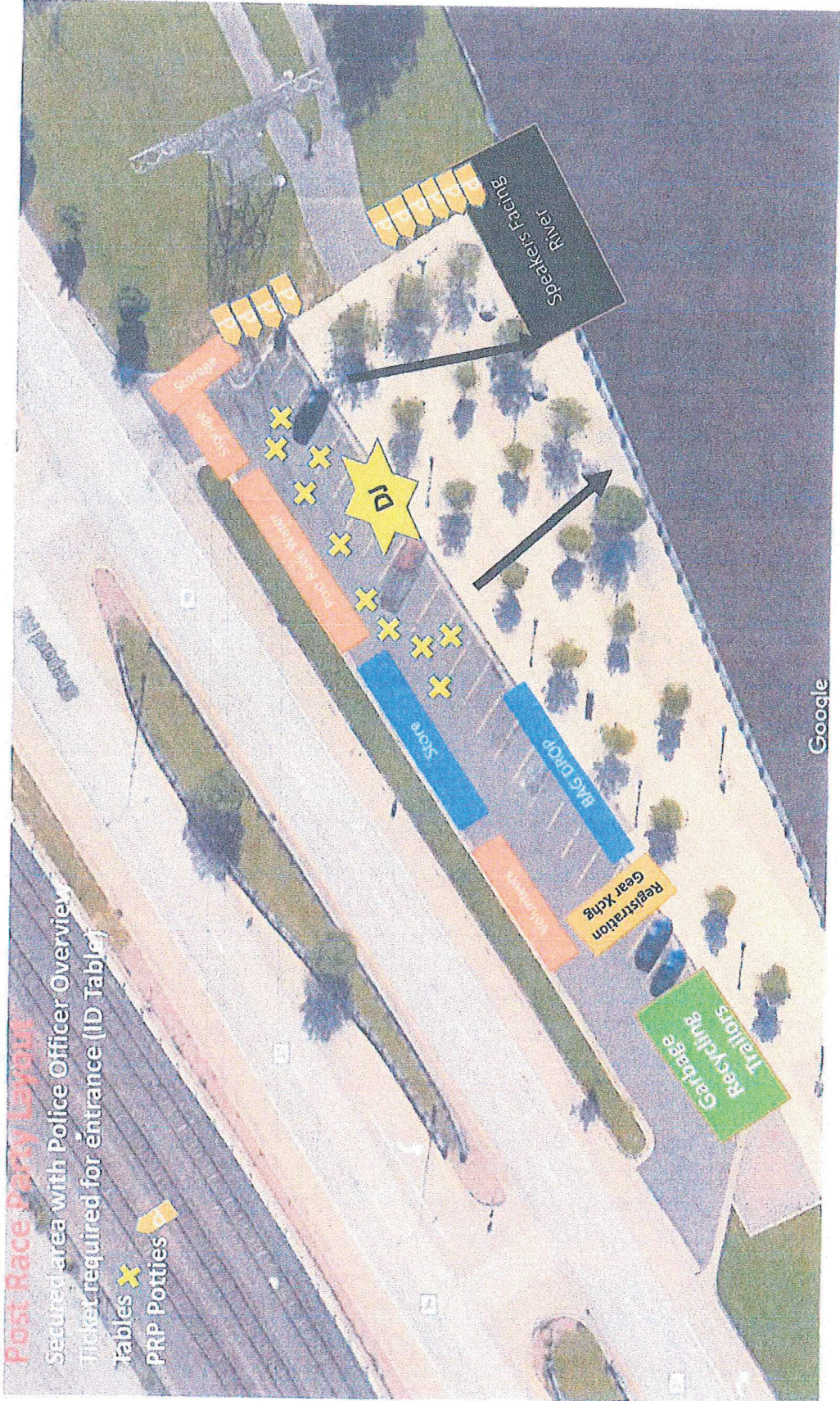
Post Race Party Layout

Secured area with Police Officer Overview

Ticket required for entrance (ID Table)

Tables X

PRP Potties



Google



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: 06/02/2017

Received From: TEAM ORTHO FOUNDATION
PO BOX 490 ROSEMOUNT MN 55068

Description:

Invoice Details

993467
Noise Variance

Invoice Amount

\$172.00

Amount Paid

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Cash		06/02/2017	\$3.00
Check	17917	06/02/2017	\$169.00