

8/13/14
RECEIVED IN D.S.I.

PD Wick # 1266 JF 164.00
DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, Director

AUG 11 2014



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 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: MN WILD - WILD BREAKAWAY Run
2. Mailing Address w/zip code: 14619 SUMNER AVE, SAVAGE, MN 55378
3. Responsible person: CHARLIE WASLEY
4. Title or position: RACE DIRECTOR
5. Telephone: (612) 599-7187 E-Mail: CWASLEY@HERITAGESPORTSMARKETING.COM
6. Briefly describe the noise source and equipment involved: ANNOUNCER + MUSIC
1000 watt speaker system
7. Address or legal description of noise source: Xcel Energy Center
199 W Kellogg Blvd. Saint Paul, MN 55102
8. Noise source time of operation: 7:00 AM to 12:00 PM
9. Date(s) during which the variance is requested: 9/20/14
10. Describe the steps that will be taken to minimize the noise levels: Noise levels will be kept to
a minimum until the start of the race at 8:30 AM.
11. Briefly state reason for seeking variance: To provide race participants direction
and entertainment
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: _____

Date: 8/7/14

6/18/14



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: 08/13/2014

Received From: MN WILD BREAKAWAY RUN
14619 SUMTER AVE SAVAGE MN 55378

Description:

Invoice Details

901658

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	1246	08/13/2014	\$164.00