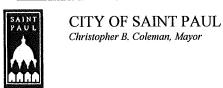
td wick# 1246 \$164.00

RECEIVED IN D.S.I.

DEPARTMENT OF SAFETY AND INSPECTIONS Ricardo X. Cervantes, Director

AUG 1 1 2014



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

nearing date.
1. Organization/person seeking variance: MN WILD - WILD BREAKAWAY RUN
2. Mailing Address w/zip code: 14619 SUMTER AUE, SAVAGE, MN 55378
3. Responsible person: CHARLIE WASLEY
4. Title or position: RACE DIRECTOR
5. Telephone: (612) 599-7187 E-Mail: CWASLEYCHERTT AGESPORT SMARKETING. COW
6. Briefly describe the noise source and equipment involved: ANNOUNCER ← MUSIC
1000 watt speaker syskm
7. Address or legal description of noise source: Xcel Energy Center
199 W Kellogg Blud. Saint Paul, MW 55102
8. Noise source time of operation: 7:00 AM to 12:00 PM
9. Date(s) during which the variance is requested: $\frac{9/20}{14}$
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. <u>Attach site diagram</u> 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: Date: Date:
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

Invoice Amount

Amount Paid

901658

Noise Variance

\$164.00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

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