



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: Team Ortho Foundation
2. Mailing Address w/zip code: 2906 North 2nd Street, Minneapolis, MN 55411
3. Responsible person: Marlene Earll Title: Director
4. Event Name: Polar DASH
5. Telephone: (612 ) 272-5026 E-Mail: marlene@teamortho.us
6. Date(s) during which the variance is requested: January 1, 2017 - Sunday
7. Noise source - Time(s) of operation: 8 a.m. to 12:30 p.m.  
- Time(s) of pre-event sound check: 7:45 a.m.
8. Address or legal description of Noise source: Announcer equipment located on the path outside of Wigington Pavillion, Saint Paul, MN 55107 Harriet Island
9. Sound level requested: Amplified sound with speakers angled facing away from river -- sound within limits of Section 293.07
10. Describe the noise source and all equipment involved: Announcer with amplifier to speakers for Racer announcement and music
11. Describe the steps that will be taken to minimize the noise levels: Speakers face away from 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: Marlene L. Earll Date: 10/5/2016

OCT 05 2016

By: City of St Paul DSI



# Polar Dash

January 1, 2017

Sound Check 7:45 a.m., 8:00 a.m. Start







# 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](http://www.stpaul.gov/dsi)

Date: 10/12/2016

Received From: TEAM ORTHO FOUNDATION  
2906 2ND ST N MINNEAPOLIS MN 55411

**Description:**

**Invoice Details**

976150

Noise Variance

**Invoice Amount**

\$169.00

**Amount Paid**

\$169.00

**TOTAL AMOUNT PAID:**

**\$169.00**

**Paid By:**

Payment Type	Check #	Received Date	Amount
Check	17452	10/12/2016	\$169.00