



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

JUN 29 2015

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: ALS ASSOCIATION MNINDISD CHAPTER
2. Mailing Address w/zip code: 333 WASHINGTON AVE N. SUITE 115 MPLS, MN 55401
3. Responsible person: Jessica Jesswein Title: Development manager
4. Event Name: WALK TO DEFEAT ALS - TWIN CITIES
5. Telephone: (612) 672-0404 E-Mail: Jessica@alsmn.org
6. Date(s) during which the variance is requested: Sept. 19, 2015
7. Noise source - Time(s) of operation: 8am - 1pm
- Time(s) of pre-event sound check: 8am
8. Address or legal description of Noise source: Lake Phalen Park Pavilion -
1000 Phalen Dr. St. Paul, MN 55104
9. Sound level requested: 81 dB - loud enough for 3,000 people to hear.
10. Describe the noise source and all equipment involved: Will be a DJ w/ speakers. We will
face inward from lake (not out onto lake) towards the pavilion
11. Describe the steps that will be taken to minimize the noise levels: It will be controlled based on
the size of the crowd at the time. All same DJ as last year.
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)
MUSIC + announcements prior to the walk.
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 \$164.00 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: [Signature] Date: 06/19/2015



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: 06/30/2015

Received From: THE ALS ASSOCIATION MN ND SD CHAPTER
333 WASHINGTON AVE N STE 105 MINNEAPOLIS MN 55401

Description:

Invoice Details

930404

Noise Variance

Invoice Amount

Amount Paid

\$164.00

\$164.00

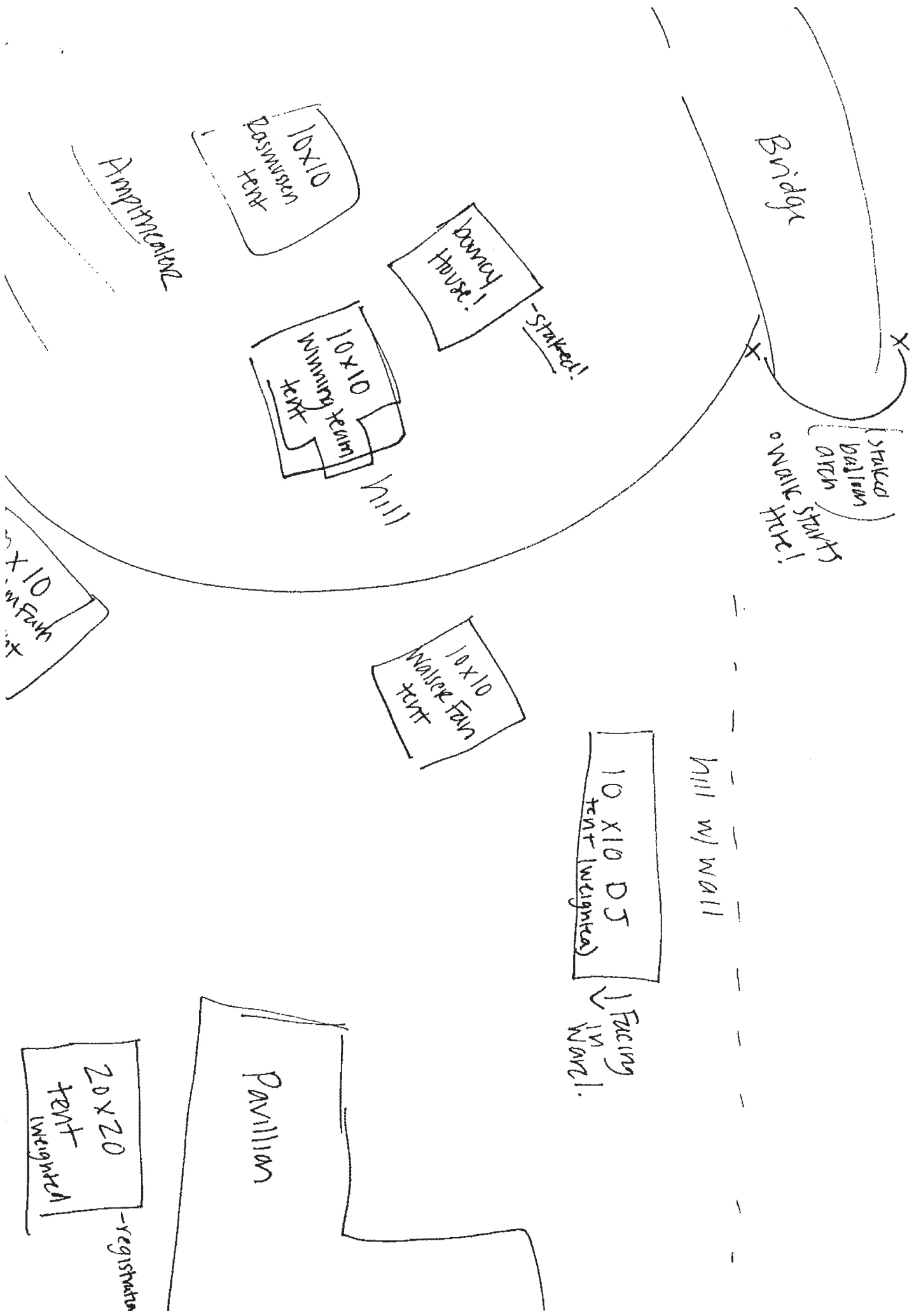
TOTAL AMOUNT PAID:

\$164.00

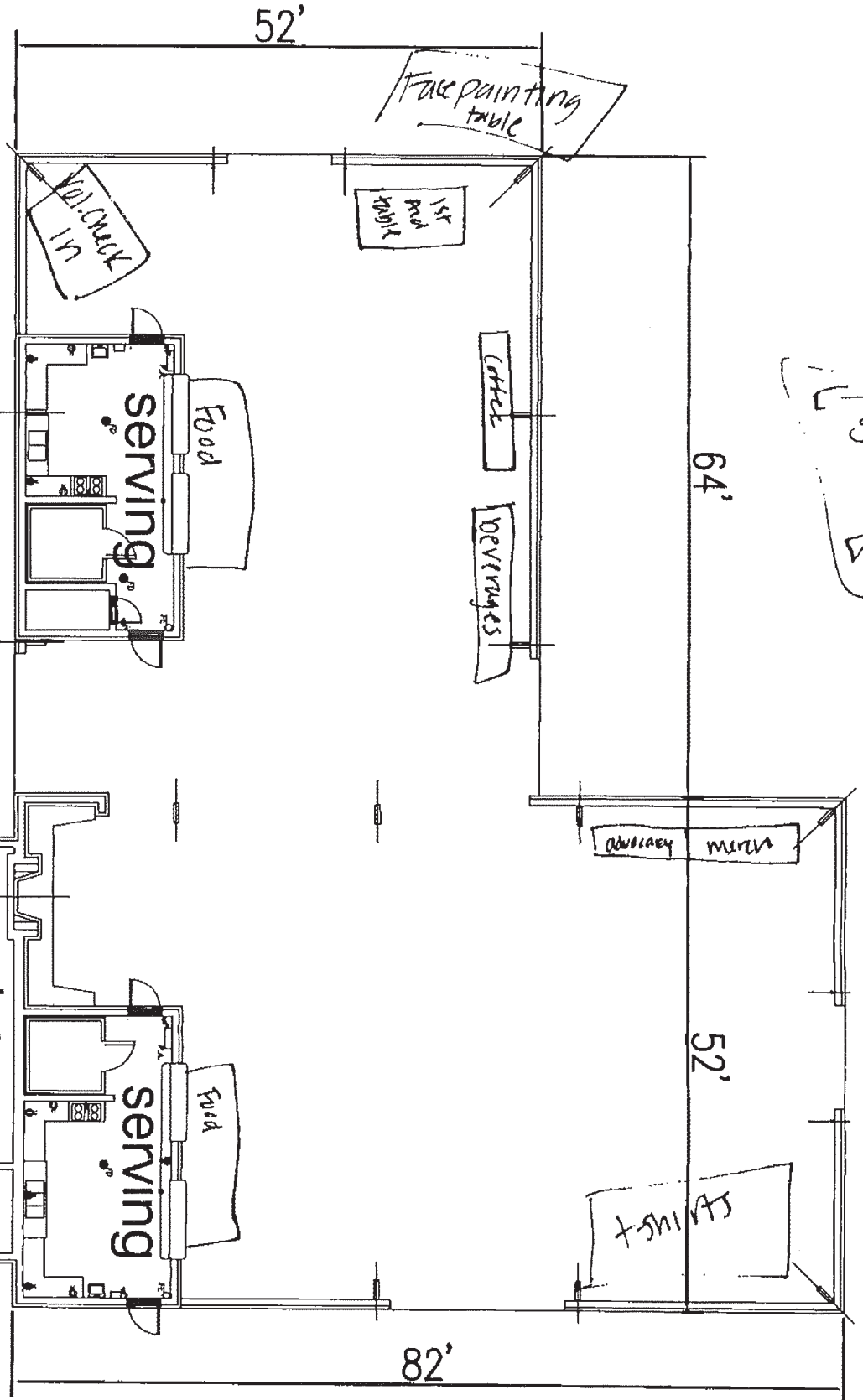
aid By:

Payment Type	Check #	Received Date	Amount
check	17802	06/30/2015	\$164.00

2015 WALK TO DETROIT ALS CARE PHALAN



10' 11" 7



2015 Walk to DeKart ALS - Twin Cities
Phalen Park Picnic Pavilion

Scale: 1/16" = 1'-0"