

375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

Sound Level Variance Application

Legislative Code Chapter 293. - Noise Regulations Application and \$178 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of the event date may not satisfy the processing timeline requirements.

1. Organization/person seeking	<i>a variance:</i> Pancreatic Ca	ncer Action Network c/o	Event 360. Inc.
2. Event Name: PanCAN Purp	· ·		
3. Address and physical description 200 Dr Justus Ohage Blvd, St Pa	otion of noise source locat	ion (Event, Worksite): Har	riet Island
4. Responsible person: Kat Tho	mas	Title: Event Produc	ction Manager
5. Telephone: 505.908.1576		<i>E-Mail:</i> kthomas@event	360.com
6. Date(s) variance requested:	Friday, April 29th & Satu	day, April 30th	
7. Noise source - Time(s) of ope			
	event sound check: Frida		ly 1:00 - 5:00 PM
8. Sound level requested (dBA)			
9. Mailing address w/zip code:			
10. Briefly describe the noise so and 1 Sub Per Side High Ends Ri	urce and equipment invol	ved: 8 Speaker Stereo Sou	und System 3 High Ends
11. Describe the steps that will be Mostly spoken word, announce	ments and pre-recorded n	nusic.	
12. State reason for seeking var	iance (example - music, a	nnouncements, constructi	on, etc.): Music/announcin
13. Maximum number of attend 14. A <u>site diagram & map</u> must etc. (If there will be amplified so Multiple locations may require n	be attached showing loca und, indicate location and	direction that all speaker	
15. Submit completed application CITY OF SAINT PAUL, DEPA 375 JACKSON STREET, SUIT SAINT PAUL, MN 55101-18	on, site diagram/map, and ARTMENT OF SAFETY AND IN TE 220 806	# \$178 fee to: ISPECTIONS	mliamaa wish any
I understand any social gathering a applicable Mayor Carter executive			•
Signature of responsible person	1: Shanle Vandermeer F26538EAF5186111141958EAE030205A	Date:	02/22/2022

PANCREATIC CANCER ACTION

TAKING STEPS TOGETHER TO END PANCREATIC CANCER NETWORK

MINNESOT

Saturday April 30, 2022

Warner Par

Registration Opens 7:00 A

200 Dr Justus Ohage Blvd., St. Paul, MN 55107

Nalk/Bike Starts 8:30 am

1 Inch = 50 Feet



TENTS

Condition of the series

Reig View

E3 = Team Name S3 = Sponsor Name E4 = Team Name S4 = Sponsor Name E5 = Team Name S5 = Sponsor Name E1 = Team Name S1 = Sponsor Name E2 = Team Name S2 = Sponsor Name

SYMBOLS

- Generator
- Restroom

PSILLY YEAR

- ADA Restroom
- 10x10 Tent
 - 10 x 20 Tent
 - - Cones
- Closure Barricades
- Medical

SITE RULES

• TBD



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.sipaul.gov/dsi

Date: 02/23/2022

Received From: KAT THOMAS dba: EVENT 360

55 JACKSON UNIT 1030 CHICAGO IL 60604

Description:

Invoice Details

Invoice Amount

Amount Paid

1123069

Noise Variance

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check#	Received Date	Amount
Credit Card	AMEX1668	02/23/2022	\$178.00