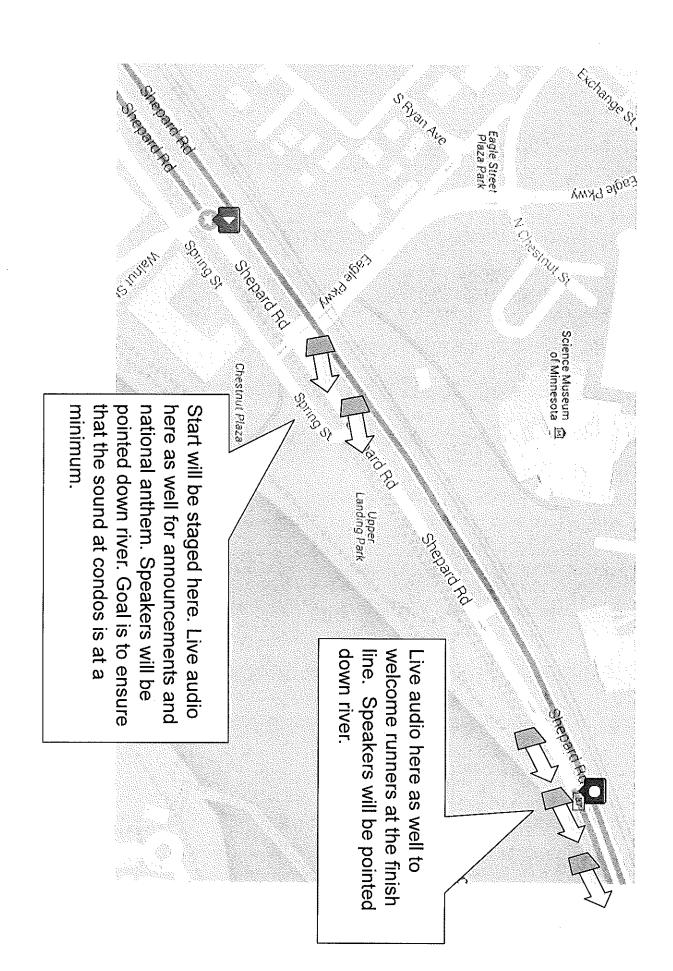


375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

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 variance: Podium Sports Marketing						
	Event Name: May One						
3.	Address and physical d Upper Landing Park	escription of noise source loc	cation (Event, V	Norksite):			
4.	Responsible person:	Liz Danley	Title:	Race Coordinator			
				liz@mnrunseries.com			
6.	Date(s) variance requested: Sunday, May 1, 2022						
7.	Noise source - Time(s) of operation: 8:00 AM to 11:30 AM						
	- Time(s) o	of pre-event sound check:	7:00 AM				
8.							
	. Mailing address w/zip code: 1835 5th Ave. Anoka, MN 55303						
	Briefly describe the noise source and equipment involved:						
Speakers at start and finish line for announcements and light music							
11. Describe the steps that will be taken to minimize the noise levels:							
	Speaker system poir	nted away from residences					
12.	State reason for seekin	g variance (example - music,	announcemer	nts, construction, etc.): Running event			
13.	Maximum number of at	ttendees: 2,000					
14.	4. A <u>site diagram & map</u> must be attached 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.							
Mul	ltiple locations may requ	uire more than one applicati	on.)				
15.	15. Submit completed application, site diagram/map, and \$178 fee to: CITY OF SAINT PAUL, DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806						
appl	licable Mayor Carter exec	cutive order regarding vaccinat		anaged in compliance with any g, masks and attendance limits.			
Sign	nature of responsible pe	erson: The With		Date:			





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: 03/28/2022

Received From: LIZ DANLEY dba: PODIUM SPORTS MARKETING

1835 5TH AVE ANOKA MN 55303

Description:

Invoice Details

Invoice Amount

Amount Paid

1124233

Noise Variance

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V3670	03/28/2022	\$178.00