

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

## **Sound Level Variance Application**

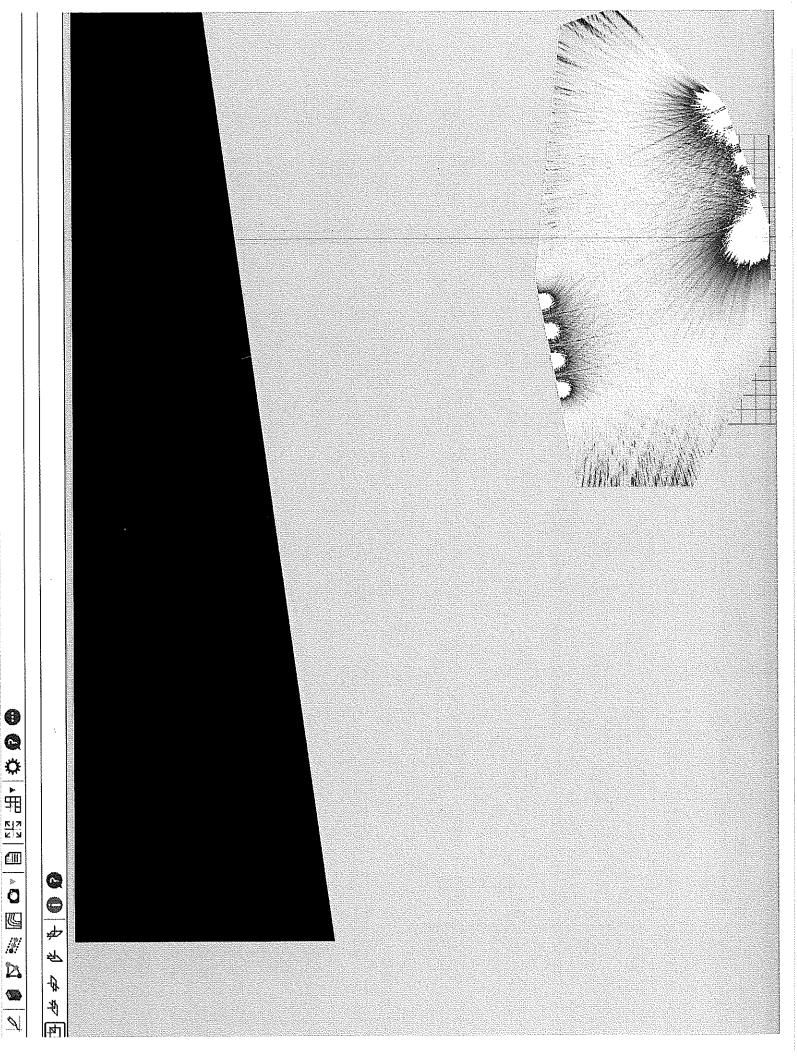
Legislative Code Chapter 293. - Noise Regulations Application and \$178 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of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

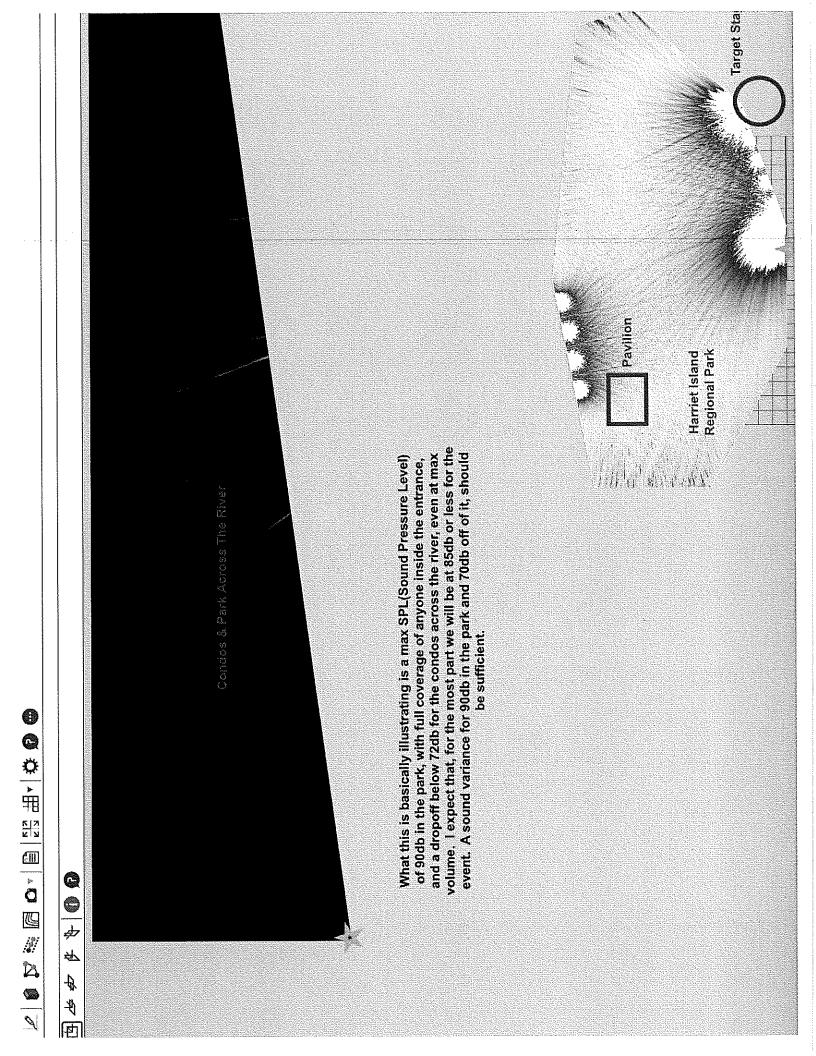
1.	Organization/person seeking variance: Anderson Race Management for Susan G Komen				
2.	. Event Name: Race for the Cure				
	· Address and physical description of noise source location (Event, Worksite): Harriet Island				
4.	Responsible person: Jennifer Williams Title: ARM Director of Events				
	Telephone: 612-475-0600				
	Date(s) variance requested: Sunday, May 14, 2023				
	Noise source - Time(s) of operation: 7:30 am - 12 pm				
	- Time(s) of pre-event sound check: 7 am				
8.	. Sound level requested (dBA/Decibels): 90 db below				
9.	. Mailing address w/zip code: 4047 Camberwell Dr N, Eagan, MN 55123				
10.	Briefly describe the noise source and equipment involved: sound system and speakers for event sic and announcements				
	Describe the steps that will be taken to minimize the noise levels: Will face speakers away from river I face towards the crowd				
	State reason for seeking variance (example - music, announcements, construction, etc.):ent music and announcements				
<del>13.</del>	Maximum number of attendees: 4000				
<b>14.</b> A <u>site diagram &amp; map</u> must be attached showing location of noise source(s), streets, stages, tents,					
etc.	etc. (If there will be amplified sound, indicate location and direction that all speakers will be facing.				
Mu.	ltiple locations may require more than one application.)				
<i>15</i> .	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				
100 Table 100 Table	nderstand any social gathering associated with this variance must be managed in compliance with applicable Mayor Carter executive order regarding vaccinations, distancing, masks and attendancits.				

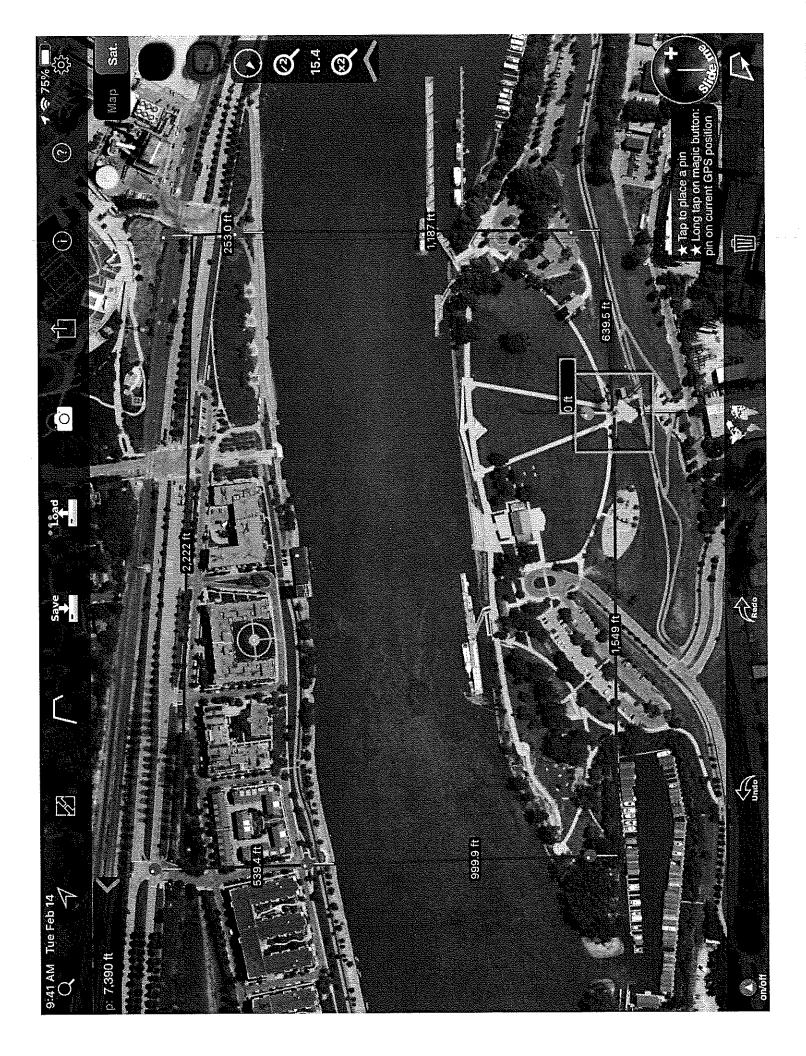
Signature of responsible person: Jennifer Williams

Digitally signed by Jennifer Williams Dale: 2023,02,23 10:54:00 -06'00'

Date: 2/23/2023









## **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: 03/02/2023

Received From: ANDERSON RACE MANAGEMENT

4047 CAMBERWELL DRIVE N EAGAN MN 55123

Description:

Invoice Details

**Invoice Amount** 

**Amount Paid** 

1141956

Noise Variance

\$178.00

\$178.00

**TOTAL AMOUNT PAID:** 

\$178.00

## Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V9064	03/02/2023	\$178.00