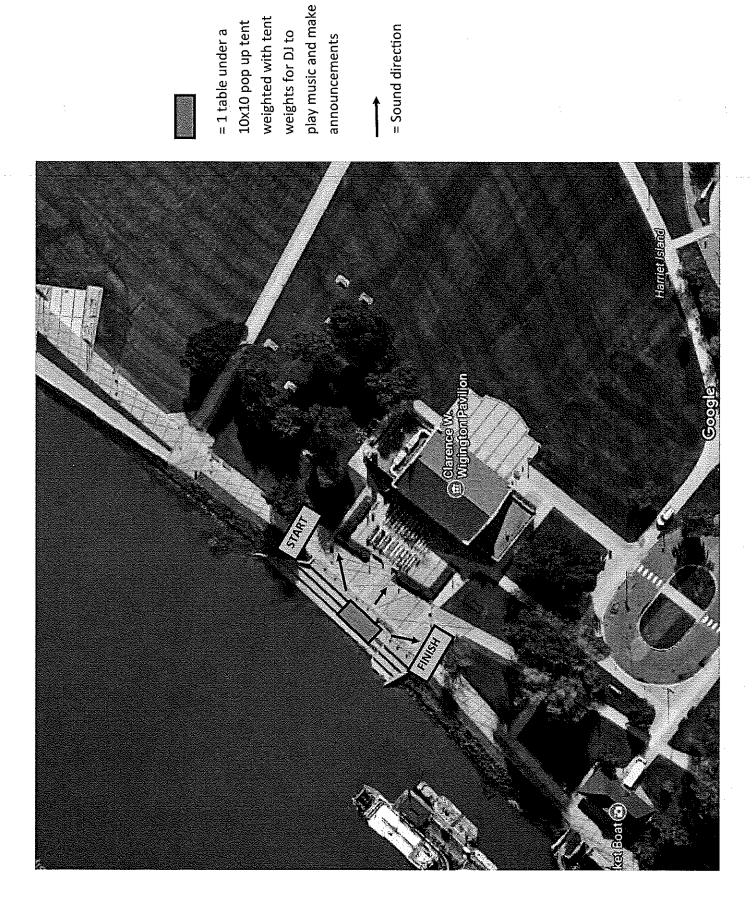


375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

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.

	Organization/person seeking variance: Anderson Race Management for ALS Association			
2.	Event Name: ALS SuperHero Dash			
3.	Address and physical description of noise source location (Event, Worksite): Harriet Island, River Side			
4.	Responsible person: Jennifer Williams	Title: ARM Director of Events		
5.	Telephone: 612-475-0600	E-Mail: jennifer@andersonraces.com		
6.	Date(s) variance requested: Saturday, May 20, 20	023		
	Noise source - Time(s) of operation: 7:30 am - 12 pm			
	- Time(s) of pre-event sound check:			
8.	Sound level requested (dBA/Decibels): 100 below	1		
	Mailing address w/zip code: 4047 Camberwell Dr N, Eagan, MN 55123			
	Briefly describe the noise source and equipment sic and announcements	involved: sound system and speakers for event		
	Describe the steps that will be taken to minimize d face towards our crown on site	the noise levels: Will face speakers away from river		
	State reason for seeking variance (example - muent music and announcements	sic, announcements, construction, etc.):		
13.	Maximum number of attendees: 1200			
14.	A <u>site diagram & map</u> must be attached showing	g location of noise source(s), streets, stages, tents,		
etc.	. (If there will be amplified sound, indicate locatio	n and direction that all speakers will be facing.		
Mu	ltiple locations may require more than one applic	ation.)		
<i>15</i> .	Submit completed application, site diagram/map CITY OF SAINT PAUL, DEPARTMENT OF SAFE INSPECTIONS 375 JACKSON STREET, SUITE 2 SAINT PAUL, MN 55101-1806	TY AND		
44554946	applicable Mayor Carter executive order regard	nis variance must be managed in compliance with ding vaccinations, distancing, masks and attendance		
Sigi	nature of responsible person: Jennifer Williams	Digitally signed by Jennifer Williams Date: 2/22/2023 Date: 2/22/2023		





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: 03/20/2023

Received From: ALS ASSOCIATION dba: ALS SUPERHERO DASH

MN

Description:

Invoice Details Invoice Amount Paid

1142367

Noise Variance \$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	AMEX1794	03/20/2023	\$178.00