



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

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 of the Saint Paul Legislative Code

Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than thirty (30) days prior to the public hearing date that is nearest the variance start date. Public hearings are only held on the first and third Wednesday of each month. Variance start dates must be after the public hearing date.

1. Organization/person seeking variance: Team Ortho Foundation
2. Mailing Address w/zip code: 2906 N 2nd St, MPLS, MN 55411
3. Responsible person: Isaac Milkey
4. Title or position: Event Director
5. Telephone: (651) 788-0102 E-Mail: teamorthoisaac@gmail.com
6. Briefly describe the noise source and equipment involved: Start announcements at Kellogg Blvd & Wacouta St
Finish Announcements at Shepard Rd & Sibley St
DJ at South Plaza of Union Depot
7. Address or legal description of noise source: Union Depot, St. Paul
8. Noise source time of operation: 7:30pm - 11:30pm
9. Date(s) during which the variance is requested: August 2nd, 2014
10. Describe the steps that will be taken to minimize the noise levels: Speakers pointed towards river
11. Briefly state reason for seeking variance: Announcements made through speakers
12. 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.
13. Return completed Application and **\$164.00 fee** to:

CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806
(651) 266-8989

Signature of responsible person: 

Date: 7/1/14

6/18/14



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: 07/03/2014

Received From: TEAM ORTHO FOUNDATION
2906 2ND ST N MINNEAPOLIS MN 55411

Description:

Invoice Details

898725

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	11496	07/03/2014	\$164.00