RECEIVED IN D.S.I. DEPARTMENT OF SAFETY AND INSPECTIONS Ricardo X. Cervantes, Director



CITY OF SAINT PAUL Christopher B. Coleman, Mayor

AUG 1 5 2014

375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

6/18/14

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.

aB auto
1. Organization/person seeking variance: ALS ASSOCIATION MINNESSTA, NOVAN DAVOTA, South DAVOTA
2. Mailing Address W/zip code: 333 Washington AVE N. Suite 105 MPLS, MN 55401
3. Responsible person: JESSICA JESSWEIN
4. Title or position: Special Eventy regratinature
5. Telephone: (6)2) 672.0484 E-Mail: Jessica Calsmn.org
6. Briefly describe the noise source and equipment involved: WAIK to Defeat Als, WAIK & LAKE Malen,
DJ tucing in toward pavillin, and (2) colebration stations by sponsox games aroma the lake.
DJ vscs:
7. Address or legal description of noise source: Lake Phalen Paullim —1600 Phalen Dr.
Saint Paul, MN 55106
8. Noise source time of operation: 8:30 am - noon
9. Date(s) during which the variance is requested: Stptember 20,0014
10. Describe the steps that will be taken to minimize the noise levels: Will nave Dy Facing Imward Sund
doesn't amplify across the lake.
11. Briefly state reason for seeking variance: WHY 2,000 WALKERS, NOTIC LEVEL MAY MIST. WAND INU HO DE CASICULARE OF SESIDENTS IN the area.
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: 07/31/2014