

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

AUG 25 2014

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: Podium Sports MKtg/Marilyn Franzen
2. Mailing Address W/zip code: 14180 Northdale Plul, Rogers, MN 55374
3. Responsible person: Manlyn Tranzen
4. Title or position: Partner
5. Telephone: (612).747.5019 E-Mail: Marilyne podium parts marketing. com
6. Briefly describe the noise source and equipment involved: Announcer w/generator to amplify
Sound via microphone. 10k start is at 7:30 am so announcer will
begin rollying the runners at 7:15am. SIC is at 8am.
7. Address or legal description of noise source: 10 K stort is on Shepaul Rel at washingtent
SK start, currently is the same honever we may due to popularity, have to move
8. Noise source time of operation: 7:15am to east end
9. Date(s) during which the variance is requested: Thursday, November 27, 2014 Park.
10. Describe the steps that will be taken to minimize the noise levels: Not stut until 15 minutes prim
to the start, turn volume dum to lowest possible decibels, point away from
the andominiums + apartments.
11. Briefly state reason for seeking variance: Runners need to hear when the roce sare
starting + as they firish to welcome them!
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 location (1) Who will be facing.) Multiple location (1) Who will be facing.)
13. Return completed Application and \$164.00 fee to:
CITY OF SAINT PAUL 2014
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806 (651) 266-8989
Signature of responsible person: Marly 7. Janza Date: Mysst 18, 14
6/18/14