

RECEIVED IN D.S.I.



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

MAR 16 2015

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)

Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.

- Organization/person seeking variance: Podium Sports Marketing / Marilyn Franzen
- Mailing Address w/zip code: 1835 - 5th Ave, Anoka MN 55303
- Responsible person: Marilyn Franzen Title: Partner
- Event Name: Minnesota Half Marathon
- Telephone: (612) 747 5019 E-Mail: marilyn@podiumsportsmarketing.com
- Date(s) during which the variance is requested: Sat, August 1, 2015
- Noise source - Time(s) of operation: 6:45am (for east end of Upper Landing Park) to noon
- Time(s) of pre-event sound check: 6:45am w/ 7:00am 1st wave start at Sherman St + the finish line
- Address or legal description of Noise source: At the start line at far east end of Upper Landing Park (east of Ontario) + at the finish line @ Shepard + Sherman.
- Sound level requested: The acceptable level
- Describe the noise source and all equipment involved: Microphone hooked to speaker system

11. Describe the steps that will be taken to minimize the noise levels: Keep decibel level at the acceptable level (mandated level), point sound away from residential area(s) minimizing sound levels.

12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)
Need to start each of the waves of runners at specific times + for the finishers at the finish line to be recognized.

13. 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.

14. Return completed Application, Site Diagram, and \$164.00 fee to: **CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806**

Signature of responsible person: Marilyn L. Franzen Date: 3/11/2015



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: 03/17/2015

Received From: PODIUM SPORTS MARKETING
14180 NORTHDAL BLVD ROGERS MN 55374

Description:

Invoice Details

922995

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	5271	03/17/2015	\$164.00