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CITY OF SAINT PAUL Christopher B. Coleman, Mayor

AUG 28 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.

1. Organization/person seeking variance: Twin Cities In Motion
2. Mailing Address w/zip code: 2635 University Ave W, Suite 190, St. Paul, MN 55114
3. Responsible person: Ed Whetham Title: Race Operations Manager
4. Event Name: Medtronic Twin Cities Marathon
5. Telephone: (651) 289-7711 E-Mail: ed@tcmevents.org
6. Date(s) during which the variance is requested: October 3rd - 4th, 2015
7. Noise source - Time(s) of operation: 10/3/15 6:30 am-12:00 pm 10/4/15 7:00 am-2:00 pm
- Time(s) of pre-event sound check: 10/3/15 6:15am-6:30am 10/4/15 6:45am - 7:00an
8. Address or legal description of Noise source: Minnesota State Capitol, 75 Rev Dr
Martin Luther King Boulevard, St. Paul, MN 55155
9. Sound level requested: Up to 55 to 65 decibers
10. Describe the noise source and all equipment involved: <u>Event announcer using a</u>
microphone Connected to speakers.
11. Describe the steps that will be taken to minimize the noise levels: <u>KEEP VOLUME OF</u> SPEUKEVS at a reasonable level. Position speakers to reach a confined avea only.
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)
Event announcers and public address
13. <u>Attach site diagram</u> 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:

