

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)

<u>Note:</u> 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: John W. Lavson, Team Ortho Foundation  |
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| 2. Mailing Address w/zip code: 2906 N. 2nd St., Minneapolis, MN 55411   |
| 3. Responsible person: John W. Lavson Title: Executive & Racel Event Director   |
| 4. Event Name: Munster Dash   |
| 5. Telephone: (612)968.3224 E-Mail: team ortho (3) amail. com   |
| 6. Date(s) during which the variance is requested: 10/31/2015   |
| 7. Noise source - Time(s) of operation: 9 am to Noom  |
| - Time(s) of pre-event sound check: 8:45am  |
| 8. Address or legal description of Noise source: <u>She pard Road + Otto</u>  |
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| 9. Sound level requested: 80 decibels at 50 feet  |
| 10. Describe the noise source and all equipment involved: Muhile DJ w/ Speakers to create   |
| Music for runners when they pass Shepard Road & Otto  |
|   |
| 11. Describe the steps that will be taken to minimize the noise levels: Speakers will face the river                                |
| aiming away from all residential areas - a 3 sided tent will be placed  |
| around to ensure noise only goes where it is intended.  |
| 12. State reason for seeking variance: (E.g. music, announcements, construction, etc.) Curse entertainment for YUNNEVS              |
|   |
| 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:  Date: 9-10-15   |