

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)

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: Become Co/ Red Bull Media House	
2. Mailing Address w/zip code: 5650 Childs Rd Lake Oswego, OR 97035	
3. Responsible person: Luke Seile	Managing Partner/ Producer
4. Event Name: Red Bull Frozen City Video Project	
5. Telephone: (503) 522-1242	
6. Date(s) during which the variance is requested: January 10th, 17th, 24th	
7. Noise source - Time(s) of operation: 8:00am - 6:00pm	
- Time(s) of pre-event sound check: 7:30am - 8:30am	
8. Address or legal description of Noise source: Shot 8: Roberts S	St N. State Capital Overlook
9. Sound level requested: SLV 2	
10. Describe the noise source and all equipment involved:	
A specialized snowmobile ridden by a professional ath	llete at each location
11. Describe the steps that will be taken to minimize the noise levels:	
The run time of snowmobile will be limited to only nece	<u>essary set up, driving and jumping</u>
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)	
Filming a running snowmobile at various locations	
<b>13.</b> 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 CAIRLY DALIS
14. Neturn completed Application, Site Diagram, and \$104.00 jee (0:	CITY OF SAINT PAUL
	DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220
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Signature of responsible person:	Date: 11/5/15