



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: Team Ortho Foundation
2. Mailing Address w/zip code: 2906 North 2nd Street, Minneapolis, MN 55411
3. Responsible person: Marlene Earll Title: Director
4. Event Name: Women Rock MN
5. Telephone: (612) 272-5026 E-Mail: marlene@teamortho.us
6. Date(s) during which the variance is requested: August 27, 2016
7. Noise source - Time(s) of operation: 8 a.m. to 1 p.m.
- Time(s) of pre-event sound check: 7:45 a.m.
8. Address or legal description of Noise source: On Shepard Road between Eagle and Wahsington - amplified sound for start and finish and for vocalist who will sing the National Anthem prior to Start
9. Sound level requested: Amplified sound with speakers facing the city away from residential sound within limits of Section 293.07
10. Describe the noise source and all equipment involved: Start and Finish Announcements for Women Rock MN a foot race of 3 distances celebrating Women with a professional and athletic focus.
11. Describe the steps that will be taken to minimize the noise levels: Speakers will be placed towards the city and away from residential areas. Sound will be monitored to remain within limits of Section 293.07
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)
Music to create celebratory post race party atmosphere
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 \$169.00 fee to: **CITY OF SAINT PAUL**
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806

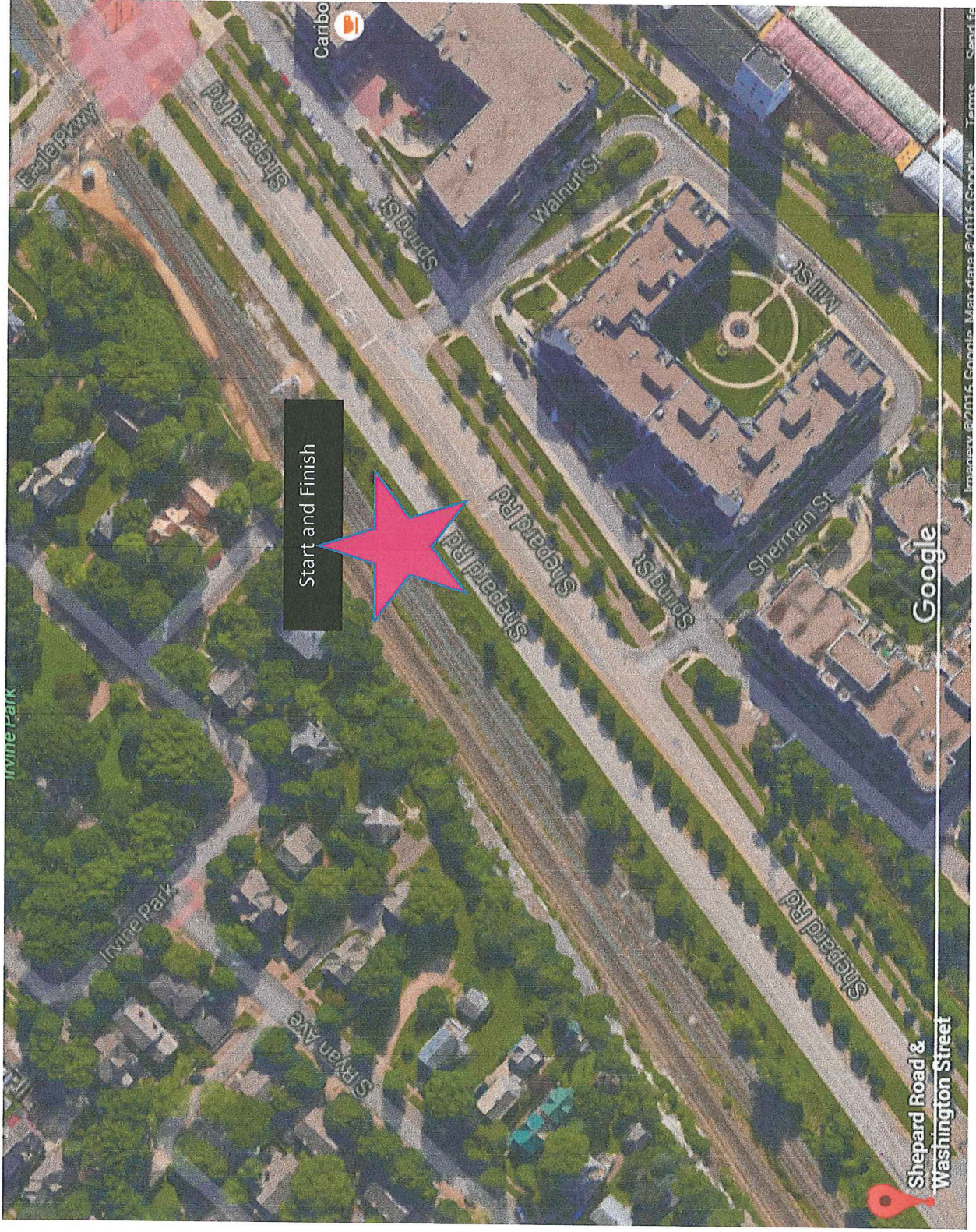
Signature of responsible person:

Marlene Earll

Date:

7-11-2016

WR 2016 Start – August 27, 2016 – Shepard Road between Eagle and Washington. – Start and Finish Announcements – National Anthem





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: 07/13/2016

Received From: TEAM ORTHO FOUNDATION
2906 2ND ST N MINNEAPOLIS MN 55411

Description:

Invoice Details

963781

Noise Variance

Invoice Amount

\$338.00

Amount Paid

\$338.00

TOTAL AMOUNT PAID:

\$338.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	17174	07/13/2016	\$338.00