

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.

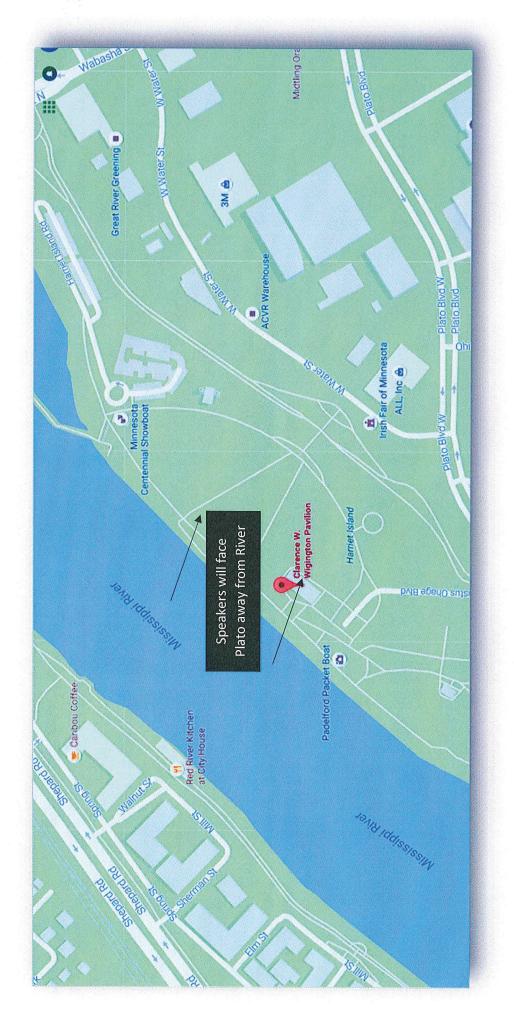
1. Organization/person seeking variance: Team Ortho Foundation
2. Mailing Address w/zip code: 2906 North 2nd Street, Minneapolis, MN 55411
3. Responsible person: Marlene Farll Title: Director
4. Event Name: Polar DAsh
5. Telephone: (612) 272-5026 E-Mail: marlene@teamortho.us
6. Date(s) during which the variance is requested: January 1, 2017 - Sunday
7. Noise source - Time(s) of operation: 8 a.m. to 12:30 p.m.
- Time(s) of pre-event sound check: 7:45 a.m.
8. Address or legal description of Noise source: Announcer equipment located on the path outside of Wigington Pavillion, Saint Paul, MN 55107 Harrist Island
9. Sound level requested: Amplified sound with speakers angled facing away from river sound within limits of Section 10. Describe the noise source and all equipment involved: Announcer with amplifier to speakers for Racer announcement and music
11. Describe the steps that will be taken to minimize the noise levels: Speakers face away from river 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 race atmosphere and informational announcements for racers.
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: Maryne L. Earl Date: 10/5/2016

OCT 05 2016



January 1, 2017

Sound Check 7:45 a.m., 8:00 a.m. Start





DSI RECEIPT

CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street Suite 220
Saint Paul, Minnesola 55101-1806
Phone: (651) 266-8989 Fax: (651) 266-9124
www.stpaul.gov/dsi

Date: 10/12/2016

Received From: TEAM ORTHO FOUNDATION

2906 2ND ST N MINNEAPOLIS MN 55411

Description:

Invoice Details

Invoice Amount

Amount Paid

976150

Noise Variance

\$169.00

\$169.00

TOTAL AMOUNT PAID:

\$169.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	17452	10/12/2016	\$169.00