

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

APR @ 3 2017

375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

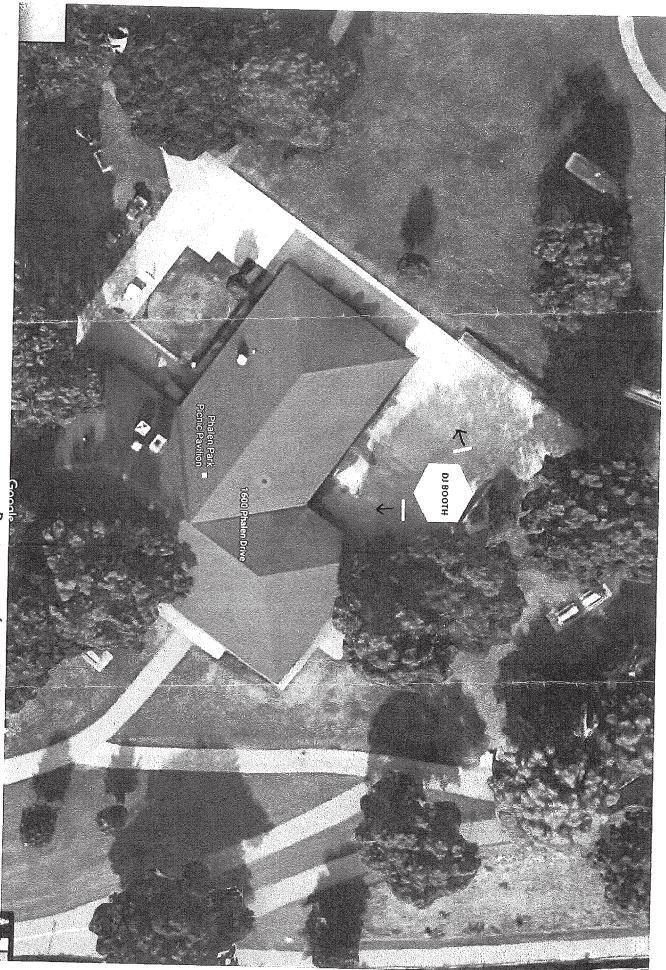
6/18/14

Sound Level Variance Application

City of Saint Paul Noise Ordinance Chapter 293 of the Saint Paul Legislative Code

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 variance start date.

1. Organization/person seeking variance: The ALS ASSOCIATION MN/ND/SD Chapter
2. Mailing Address w/zip code: 333 N. Washington Ave Ste 105, Minneapolis, MN 55-40/
3. Responsible person: KYAN STAUFF
4. Title or position: VICE President of Development
5. Telephone: (6/2) 672-0484 E-Mail: ruan@alsmn.org
6. Briefly describe the noise source and equipment involved: Sound system for event, playing music and making announcements.
U
7. Address or legal description of noise source: 1600 Phalen Drive, St. Paul, MN 55106
8. Noise source time of operation: $8:00 am - 12:00pm (noon)$
9. Date(s) during which the variance is requested: MUV 6, 2017
10. Describe the steps that will be taken to minimize the noise levels: SOUND WILL BE KEPT AT A REVER THAT WILL BE BACKAYOUND MUSIC AND AND MINCE MENTE
for participants
11. Briefly state reason for seeking variance: SOUND MAY GO above 65 dBA at our ALS SUPERHERO 5K/IUK DASh.
12. 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.
13. Return completed Application and \$172.00 fee to:
CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806
(651) 266-8989
Signature of responsible person:



speakers directed away from the lake



DSI RECEIPT

CITY OF SAINT PAUL

Department of Safety and Inspections 375 Jackson Street Suite 220 Saint Paul, Minnesota 55101-1806 Phone: (651) 266-8889 Fax: (651) 266-9124 www.stpaul.gov/dsi

Date: 04/05/2017

Received From: THE ALS ASSN MN ND SD CHAPTER

333 WASHINGTON AVE N STE 105 MINNEAPOLIS MN 55401

Description:

Invoice Details

Invoice Amount

Amount Paid

989099

Noise Variance

\$172.00

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	19514	04/05/2017	\$172.00