

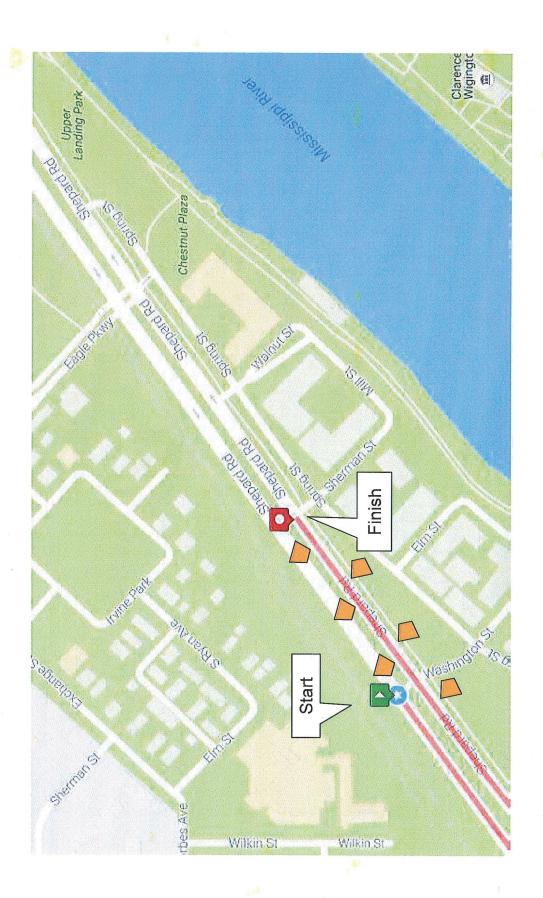
CITY OF SAINT PAUL Christopher B. Coleman, Mayor 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

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.

2. Mailing Address w/zip code: 1935 Str AVe, Arloka, MN 95303 3. Responsible person: Isaac Milkey Title: Operations Manager 4. Event Name: Turkey Trot Saint Paul 5. Telephone: 612-500-3821	1.	Organization/person seeking variance: Podium Sports Marketing					
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5. Telephone: 612-500-3821 6. Date(s) during which the variance is requested: November 23, 2017 7. Noise source - Time(s) of operation: 7:15am to 10:00am - Time(s) of pre-event sound check: 7:10am 8. Address or legal description of Noise source: Shepard and Washington St; Shepard and Sherman St 9. Sound level requested: 65 dBA 10. Briefly describe the noise source and equipment involved: Speaker system set up for race announcements 11. Describe the steps that will be taken to minimize the noise levels: Speaker system will be pointed away from any residents 12. State reason for seeking variance (E.g. music, announcements, construction, etc.): Race announcements 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 \$172.00 fee to: CITY OF SAINT PAUL. DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806	4.	Event Name:Turkey Trot Saint Paul					
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Signature of responsible person: Asaac Milkey Date: 9/26/17	Si	gnature of responsible person: Saac Wulkery Date:Date:					





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: 03/09/2017

Received From: PODIUM SPORTS MARKETING

1835 5TH AVE ANOKA MN 55303

Description:

Invoice Details

Invoice Amount

Amount Paid

986833

Noise Variance

\$172.00

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	6851	03/09/2017	\$169.00
Credit Card	VISA 1234	03/09/2017	\$3.00

375 JACKSON S1 STE 220 SAINT PAUL, MN. 55101-1806 651-266-9111

Phone Order

xxxxxxxxxxxx1234

VISA

Entry Method: Manual

Amount:\$ Tax:

3.00 0.00

Total: \$

3.00

03/09/17

12:48:48

Inv #: 000000007 Appr Code: 53840G

Apprvd: Online AVS Code: CVV2 Code: MATCH M

Customer Copy HIANK YOU!

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