

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

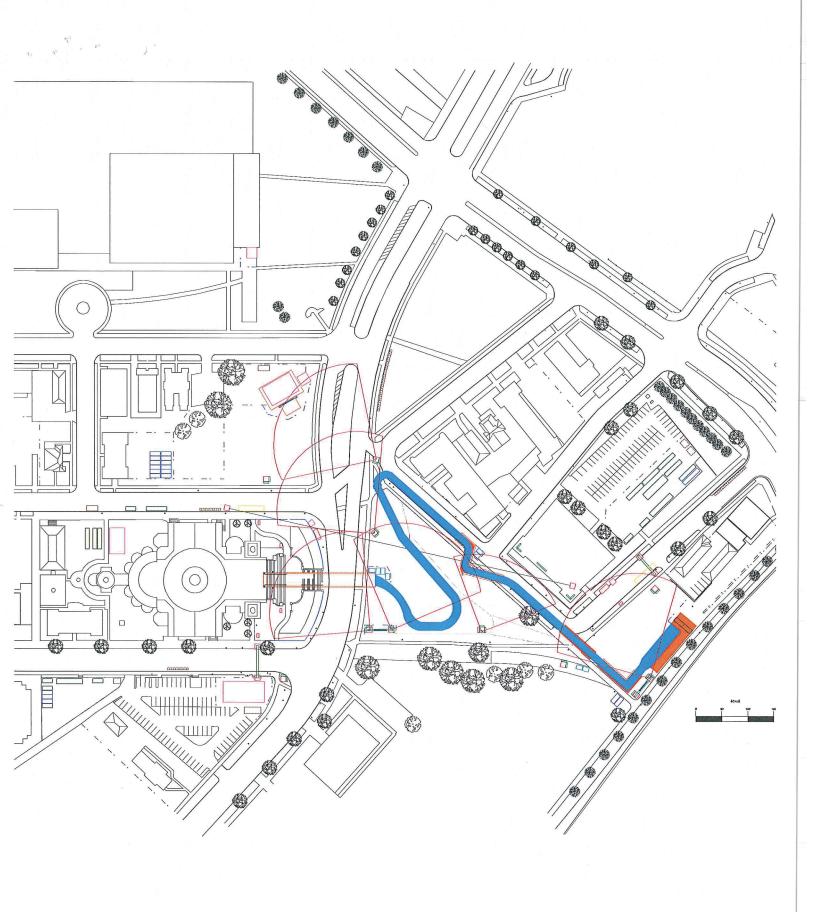
375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

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.

1. Organization/person seeking variance: HANGMAN PRODUCTION	S USA INC.
2. Mailing Address w/zip code: 4500 4TH AVE S. / SEATTLE, WA 9813	34
3. Responsible person: ANDREW MARKEYTitle:	PRESIDENT
4. Event Name: RED BULL CRASHED ICE	
5. Telephone: 813-401-2379	RKEY@HANGMANPRODUCTIONS.CA
6. Date(s) during which the variance is requested: DEC. 27, 2017 TO J	AN. 29, 2018 Jan 19 at 20, 2018 4 ponto 10 pm
7. Noise source - Time(s) of operation: DEC. 27 TO JAN. 29 - CHILLER	S & GENERATORS / JAN 18-20 AUDIO SYSTEM
- Time(s) of pre-event sound check:JAN 17 / 18 / 19	- 2PM - 4PM
8. Address or legal description of Noise source: ST. PAUL CATHEDRA	AL & SURROUNDING AREA - 2 BLOCK RADIUS
9. Sound level requested: 95 DB @ 80' FOR AUDIO / 80 DB @ 15' FOR G	SENERATORS & CHILLERS
10. Briefly describe the noise source and equipment involved:	
CHILLERS / GENERATORS / FORKLIFTS / VEHICLES	
LINE ARRAY AUDIO SYSTEM	
11. Describe the steps that will be taken to minimize the noise levels	;
EVENT PRODUCER HAS CONTROL OF AUDIO LEVELS AT ALL TIMES IF	ADJUSTMENTS ARE REQUIRED
12. State reason for seeking variance (E.g. music, announcements, co	onstruction, etc.):
MUSIC / ANNOUNCEMENTS / CONSTRUCTION / CRASHED ICE IN GEN	ERAL
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	
	DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220
	SAINT PAUL, MN 55101-1806
1111	
Signature of responsible person:	Date: OCTOBER 18, 2017





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: 10/25/2017

Received From: HANGMAN PRODUCTIONS USA INC

4500 4TH AVE S SEATTLE WA 98134

Description:

Invoice Details

1009276

Noise Variance

Invoice Amount

Amount Paid

\$172.00

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card		10/25/2017	\$172.00