



CITY OF SAINT PAUL

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

Telephone: 651-2668989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

Sound Level Variance Application Legislative Code Chapter 293. - Noise Regulations

Application and \$172 fee payment should be submitted a minimum of sixty (60) days prior to the scheduled event start date. A public notification period is required prior to scheduling the application's Public Hearing before the Saint Paul City Council. Applications received fewer than sixty (60) days prior to the event may not satisfy the ordinance's processing timelines for placement on the Council's agenda.

1. Organization/person seeking variance: HANGMAN PRODUCTIONS USA INC.
2. Event Name: RED BULL FLUGTAG
3. Address and physical description of noise source location (Event, Worksite): EVENT - AMPLIFIED SOUND
HARRIET ISLAND
4. Responsible person: ANDREW MARKEY Title: PRESIDENT
5. Telephone: 813-401-2379 E-Mail: MARKEY@HANGMANPRODUCTIONS.CA
6. Date(s) variance requested: SEPTEMBER 6 & 7, 2019
7. Noise source - Time(s) of operation: 11AM - 5PM SEPT. 7
- Time(s) of pre-event sound check: 11AM - 5PM - SEPT. 6
8. Sound level requested (dBA/Decibels): 95DB @ 80' FOR AUDIO SYSTEM
9. Mailing address w/zip code: 44500 4TH AVE S. / SEATTLE, WA 98134
10. Briefly describe the noise source and equipment involved: CANNED MUSIC & AMPLIFIED VOICES (EMCEES)
LINE ARRAY AUDIO SYSTEMS INSTALLED IN HARRIET ISLAND
11. Describe the steps that will be taken to minimize the noise levels: EVENT PRODUCER HAS CONTROL OF
AUDIO LEVELS AT ALL TIMES IF LEVELS NEED TO BE ADJUSTED
12. State reason for seeking variance (example - music, announcements, construction, etc.): MUSIC / ANNOUNCEMENTS
13. A site diagram & map must be attached 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. Submit completed application, site diagram/map, and **\$172.00** 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: _____ Date: JULY 2, 2019

AA-ADA-EEO Employer



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: 07/16/2019

Received From: HANGMAN PRODUCTIONS USA INC
4500 4TH AVE S SEATTLE WA 98134

Description:

Invoice Details

1058972

Noise Variance

Invoice Amount

\$344.00

Amount Paid

\$344.00

TOTAL AMOUNT PAID:

\$344.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	MC8385	07/16/2019	\$344.00