



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

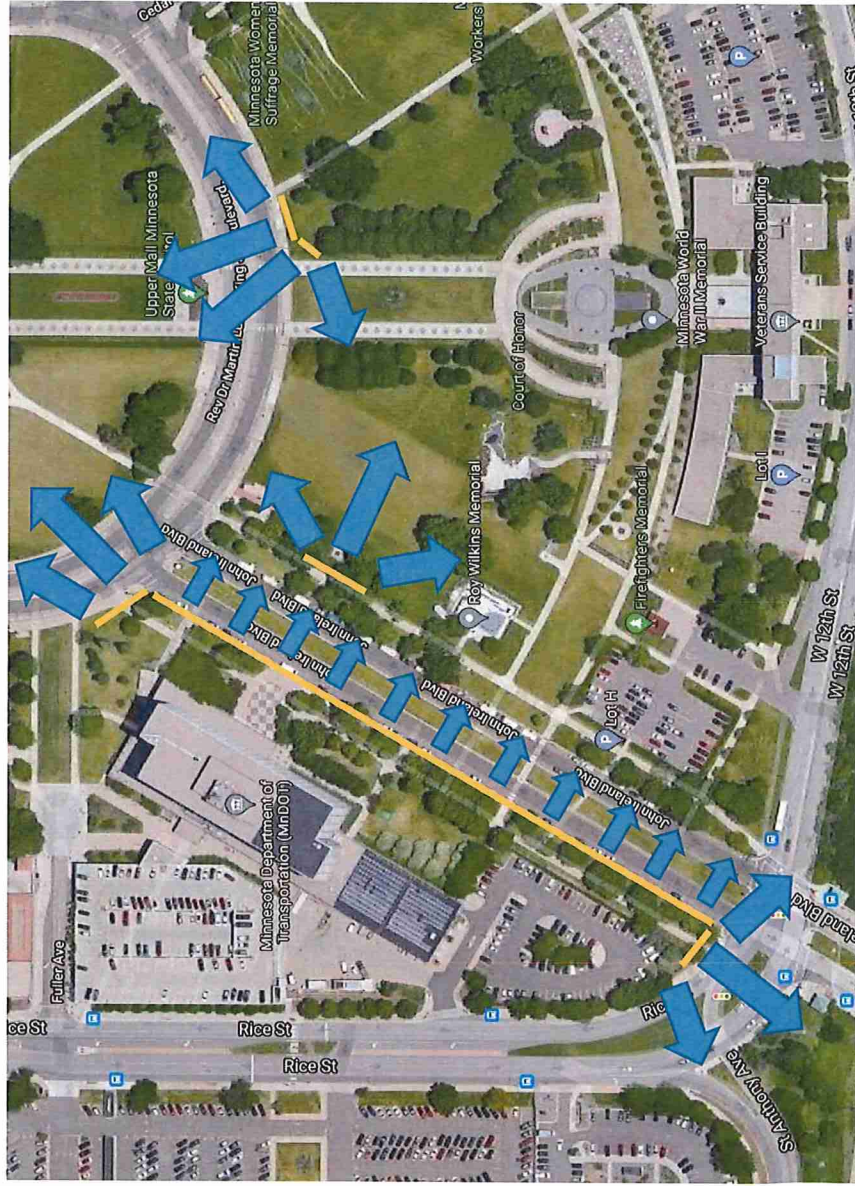
**Application and \$178 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of the event date may not satisfy the processing timeline requirements.**



1. Organization/person seeking variance: Twin Cities In Motion
2. Event Name: Medtronic Twin Cities Marathon Weekend
3. Address and physical description of noise source location (Event, Worksite):  
Minnesota State Capitol Grounds, 75 Rev Dr Martin Luther King Jr Blvd, St Paul, MN, 55115
4. Responsible person: Sam Rush Title: Event Operations Manager
5. Telephone: 651-289-7706 E-Mail: samr@tcmevents.org
6. Date(s) variance requested: Saturday, October 4, 2025 & Sunday, October 5, 2025
7. Noise source - Time(s) of operation: 7am-12pm - 10/4; 7:30am-3:30pm 10/5  
- Time(s) of pre-event sound check: 6:30am-7am - 10/4; 7:15am-7:30am - 10/5
8. Sound level requested at 50 feet from noise source (dBA/Decibels): Up to 85 Decibels
9. Mailing address w/zip code: 355 Randolph Ave, Suite 200, St Paul, MN 55102
10. Briefly describe the noise source and equipment involved: Event announcements and music using microphones and music connected to a speaker system
11. Describe the steps that will be taken to minimize the noise levels: Position speakers so they face the roadway and keep the decibel levels minimized
12. State reason for seeking variance (example - music, announcements, construction, etc.): Event related announcements and entertainment
13. Maximum number of attendees: 6,000 Sat & 18,000 Sun
14. 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.**
15. Submit completed application, site diagram/map, and \$178 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: Sam Rush Date: 06/26/2025

# 2025 Medtronic Twin Cities Marathon Weekend Finish Area Amplified Sound Locations



-  = speaker bank
-  = audio direction/coverage