




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: MN Run Series / Podium Sports Marketing
2. Event Name: Human Powered Health Run
3. Address and physical description of noise source location (Event, Worksite): Upper Landing Park St Paul, MN (226 Spring St)
4. Responsible person: Skylar Swenson Title: Race Operations Manager
5. Telephone: 763-452-8326 E-Mail: skylar@mnrnseries.com
6. Date(s) variance requested: 5/31/25
7. Noise source - Time(s) of operation: 7:30AM - 11:00AM
- Time(s) of pre-event sound check: 7:00AM
8. Sound level requested (dBA/Decibels): 85
9. Mailing address w/zip code: 1835 5th Ave, Anoka, MN 55303
10. Briefly describe the noise source and equipment involved: 4-6 speakers at start/finish for announcing and music
11. Describe the steps that will be taken to minimize the noise levels: Aiming speakers away from apartments next to Upper Landing Park
12. State reason for seeking variance (example - music, announcements, construction, etc.): Running race (music and announcements)
13. Maximum number of attendees: 2000
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:  Date: 1/2/25



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: 01/06/2025

Received From: MN RUN SERIES
1835 5TH AVE ANOKA MN 55303

Description:

Invoice Details

1174310

Noise Variance

Invoice Amount

\$178.00

Amount Paid

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V3670	01/06/2025	\$178.00

CITY OF ST PAUL COUNTER
375 JACKSON ST STE 220
SAINT PAUL, MN. 55101
651-266-9111

SALE

Batch #: 546
01/06/25 09:35:51
SVC FEE APPR CODE: 79965G
APPR CODE: 86846G
Trace: 2
VISA *****3670
Manual CP
/

AMOUNT \$178.00
SERVICE FEE \$4.43
TOTAL \$182.43

APPROVED

This transaction includes a non-refundable
Service Fee charged by Elavon that will appear
on your credit or debit statement as
(Elavon-Service Fee)
All Service Fee inquiries should be directed to
Elavon 7300 Chapman Hwy Knoxville,
TN 37920 800-735-1244
custsvc@elavon.com

NO REFUNDS ALLOWED
THANK YOU

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