DEPARTMENT OF SAFETY AND INSPECTIONS Ricardo X. Cervantes, Director



CITY OF SAINT PAUL

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

Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

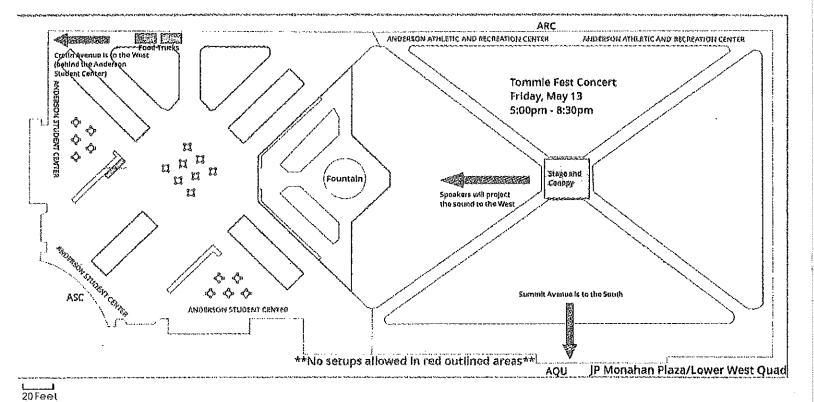
Sound Level Variance Application

Legislative Code Chapter 293. - Noise Regulations

Application and \$175 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: University o	f St. Thomas, Erin Whipkey, Campus Life
2. Event Name: Tommle Fest	
3. Address and physical description of noise source loca Lower Quad, University of St. Thomas, 2115 Summit Av	tion (Event, Worksite): venue, St. Paul, MN 55105
4. Responsible person: Erin Whipkey	Title: Assistant Director of Campus Life
5. Telephone: 651-962-6134	E-Mail: whipkey@stthomas.edu
6. Date(s) variance requested: 5/13/2022	
7. Noise source - Time(s) of operation:5:00pm-8:30pm	
- Time(s) of pre-event sound check: $\frac{12}{2}$	00pm; 1:30pm-5:00pm
8. Sound level requested (dBA/Decibels): 95 Decibels at 5	Oft
9. Mailing address w/zip code: 2115 Summit Avenue	#4024, St. Paul, MN 55105
 Briefly describe the noise source and equipment invol an external production company. We will have musicians singing a 	
11. Describe the steps that will be taken to minimize the n	oise levels: The speakers will be pointed East toward the
Anderson Student Center. We will have staff at the event and we	will work the professional sound technicians to monitor sound.
 State reason for seeking variance (example - music, a Outdoor event to celebrate the end of the academic year 	nnouncements, construction, etc.):
13. Maximum number of attendees: Throughout the course o	f the event, the maximum number of guests will be about 800-1000
14. Describe steps that will be taken to prevent COVID-19	
We will fully comply with all COVID-19 guidelines instated at the tir	
15. A <u>site diagram & map</u> must be attached showing loca there will be amplified sound, indicate location and directi	
locations may require more than one application.	on that an speakers will be juding). Wuitiple
16. Submit completed application, site diagram/map, and CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806	\$175.00 fee to:
understand that any social gathering associated with th with all applicable Governor Walz COVID-19 orders relat	
Signature of responsible person:	Date:
AA-ADA-EEO	Employer





Equi	pme	nt List
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(18 Total Tables, 72 Total Chairs)

gag,

18 48" Round

1 3.18' X 16.53' John P. Monahan sign

2 6.71° X 13.9° Rectangle

1 27.34' X 30.19' Rectangle

Notes



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: 01/31/2022

Received From: ZACHARY DUBOIS dba: UNIVERSITY OF ST. THOMAS

2115 SUMMIT AVE ST PAUL MN 55105

Description:

Invoice Details

Invoice Amount

Amount Paid

1122617

Noise Variance

\$175.00

\$175.00

TOTAL AMOUNT PAID:

\$175.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V9474	01/31/2022	\$175.00