DEPARTMENT OF SAFETY AND INSPECTIONS Ricardo X. Cervantes, Director



CITY OF SAINT PAUL

Business Licensing 375 Juckson 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.

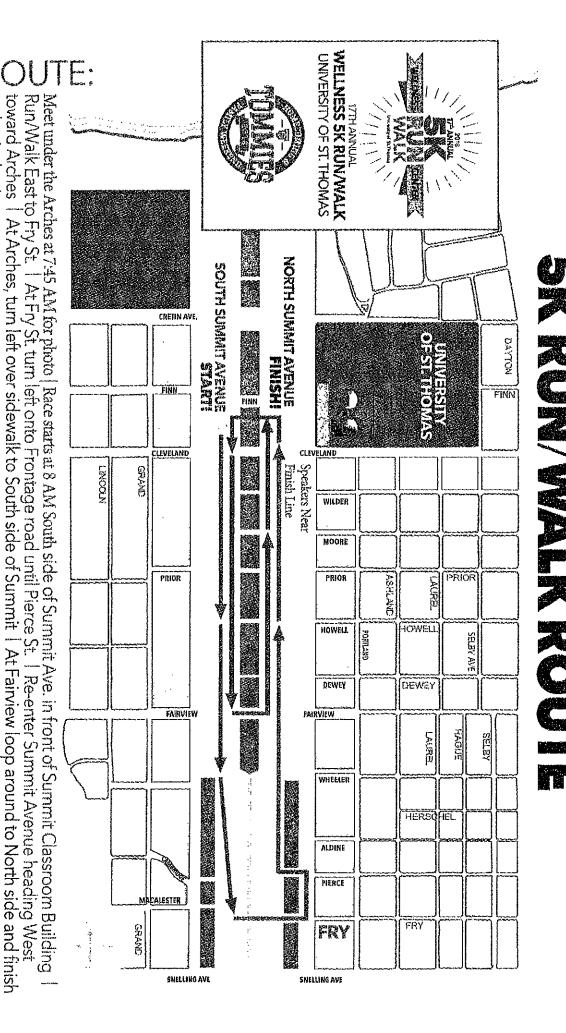
- 1. Organization/person seeking variance: University of St. Thomas 2. Event Name: Homecoming 5K 3. Address and physical description of noise source location (Event, Worksite): 2115 Summit Avenue, St. Paul MN 55105 near Summit Avenue and Cretin Avenue 4. Responsible person: Zachary DuBois Title: St. Paul Campus Manager _____E-Mail: _____ 5. Telephone: 651-962-5105 6. Date(s) variance requested: 10/09/2021 7. Noise source - Time(s) of operation: 0700 to 1200 hours - Time(s) of pre-event sound check: 0600 hours 8. Sound level requested (dBA/Decibels): 92dbl at 60¹feet 9. Mailing address w/zip code: 2115 Summit Avenue, St. Paul MN 55105 10. Briefly describe the noise source and equipment involved: Two loud Speakers to announce and play music. 11. Describe the steps that will be taken to minimize the noise levels: Monitor sound in neighborhood and Tace speakers away from neighborhood. 12. State reason for seeking variance (example - music, announcements, construction, etc.): Music and announcements 13.Maximum number of attendees: 350 14.Describe steps that will be taken to prevent COVID 19virus spread: Will follow all covid 19 <u>g</u>uidelines. 15.A site diagram& mapmust be attached showing location of noise source(s), streets, stages, ten(s, etc. (i) there will be amplified sound, indicate location and direction that all speakers will be facing). Multiple locations may require more than one application.
- **16**. Submit completed application, site diagram/map, and \$175.00 fee to:

CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806

I understand that any social gathering associated with this variance must be managed in full compliance with all applicable Governor Walz COVID-19 orders relating to distancing, masks and attendance limits.

Signature of responsible person: Zachary DuBois Date: 07/8/2021

at the Arches!



Wellness Center | St.Thomas



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: 07/15/2021

Received From: UNIVERSITY OF ST THOMAS

2115 SUMMIT AVE ST PAUL MN 55105-1048

Description:

Invoice Details Invoice Amount Amount Paid

1109983

Noise Variance \$175.00

TOTAL AMOUNT PAID: \$175.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V2848	07/15/2021	\$175.00