



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](http://www.stpaul.gov/dsi)

## Sound Level Variance Application

### Legislative Code Chapter 293. - Noise Regulations

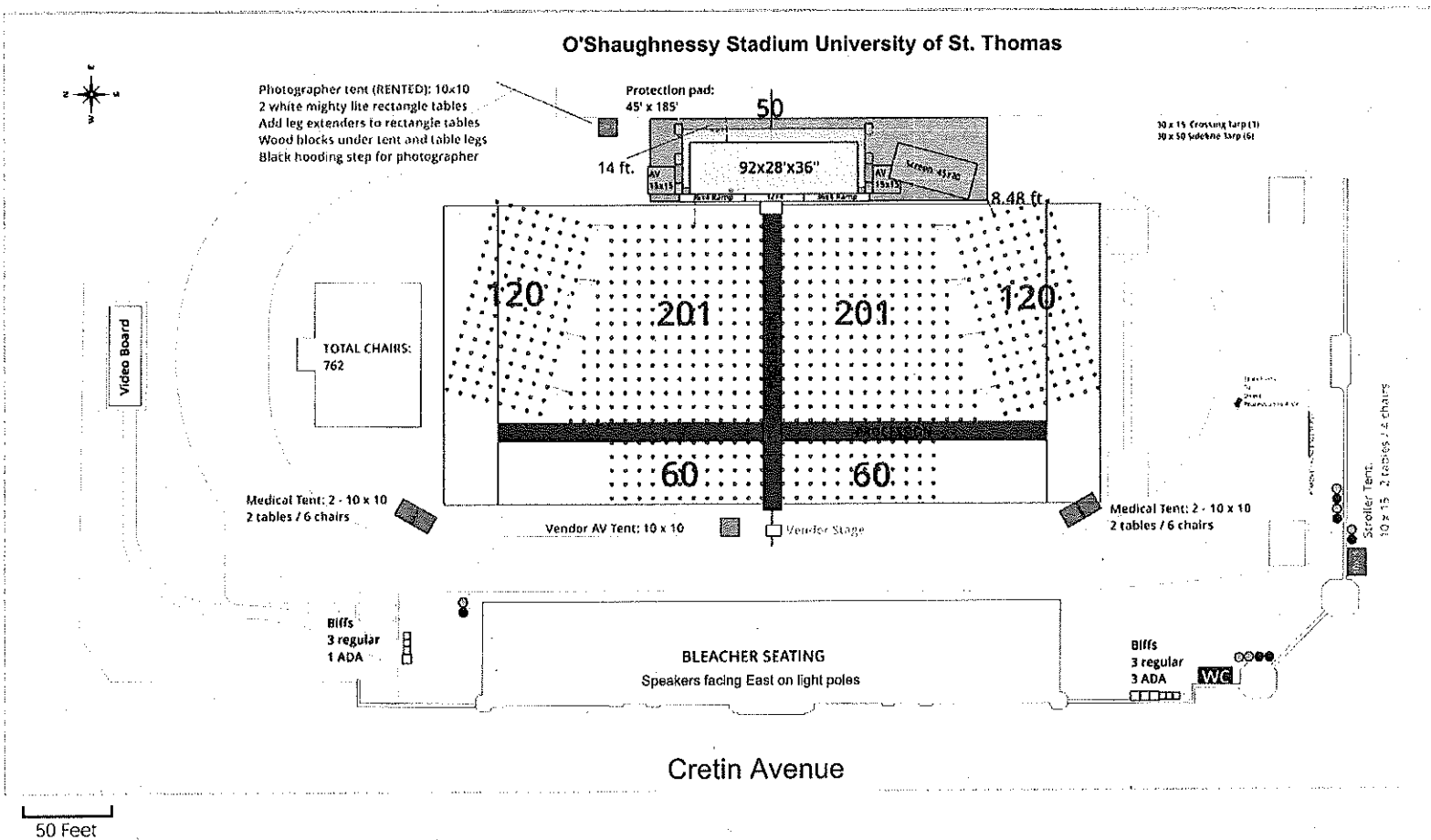
Application and \$175 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of the event date may not satisfy the processing timeline requirements.

1. **Organization/person seeking variance:** University of St. Thomas, Zachary DuBois, Public Safety
2. **Event Name:** 2021 Law School, Doherty Family College, Undergraduate, and Graduate Commencements.
3. **Address and physical description of noise source location (Event, Worksite):** O'Shaughnessy Stadium University of St. Thomas  
2115 Summit Avenue, St. Paul MN 55105
4. **Responsible person:** Zachary DuBois **Title:** Public Safety St. Paul Campus Manager
5. **Telephone:** 651-962-5105 **E-Mail:** dubo0018@stthomas.edu
6. **Date(s) variance requested:** 05/16/2021, 05/22/2021, and 05/23/2021
7. **Noise source - Time(s) of operation:** 05/16/2021 9 AM to 4 PM, 05/22/2021 8 AM to 7 PM, and 05/23/2021 8 AM to 7 PM.  
**- Time(s) of pre-event sound check:** 05/16/2021 9 AM - 10 AM, 05/22/2021 8 AM - 9 AM, and 05/23/2021 8 AM - 9 AM.
8. **Sound level requested (dBA/Decibels):** 95 Decibels at 50ft
9. **Mailing address w/zip code:** Mail 4081, 2115 Summit Avenue, St. Paul, MN 55105
10. **Briefly describe the noise source and equipment involved:** The sound will be amplified from stadium sound system playing music and voices. The music will be traditional festive commencement style with some vocal singing of the National Anthem. The voices will include remarks by speakers and the reading of the graduates' names.
11. **Describe the steps that will be taken to minimize the noise levels:** The speakers will be pointed in an East direction towards campus. We will be monitoring sound levels on campus and in the neighborhood. We will be working with professional sound technicians to monitor sound.
12. **State reason for seeking variance (example - music, announcements, construction, etc.):** University of St. Thomas Commencements
13. **Maximum number of attendees:** Will vary on each commencement. We will be in compliance with Governor Walz Covid 19 guidelines. Commencement has been broken up into multiple days and different time blocks.
14. **Describe steps that will be taken to prevent COVID-19 virus spread:** Commencement has been broken up into multiple days and different time blocks. Masks will be required for any non-speaker. Breaking up graduation will allow us to increase social distancing. We will comply fully with Governor Walz Covid 19 guidelines.
15. **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.**
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: 03/22/2021





# 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](http://www.stpaul.gov/dsi)

Date: 03/25/2021

Received From: ZACHARY DUBOIS dba: UNIVERSITY OF ST. THOMAS  
2115 SUMMIT AVE ST PAUL MN 55105

**Description:**

**Invoice Details**

1105916

Noise Variance

**Invoice Amount**

\$175.00

**Amount Paid**

\$175.00

**TOTAL AMOUNT PAID:**

**\$175.00**

**Paid By:**

Payment Type	Check #	Received Date	Amount
Credit Card	V2848	03/25/2021	\$175.00