E-Mailer 6/25/24



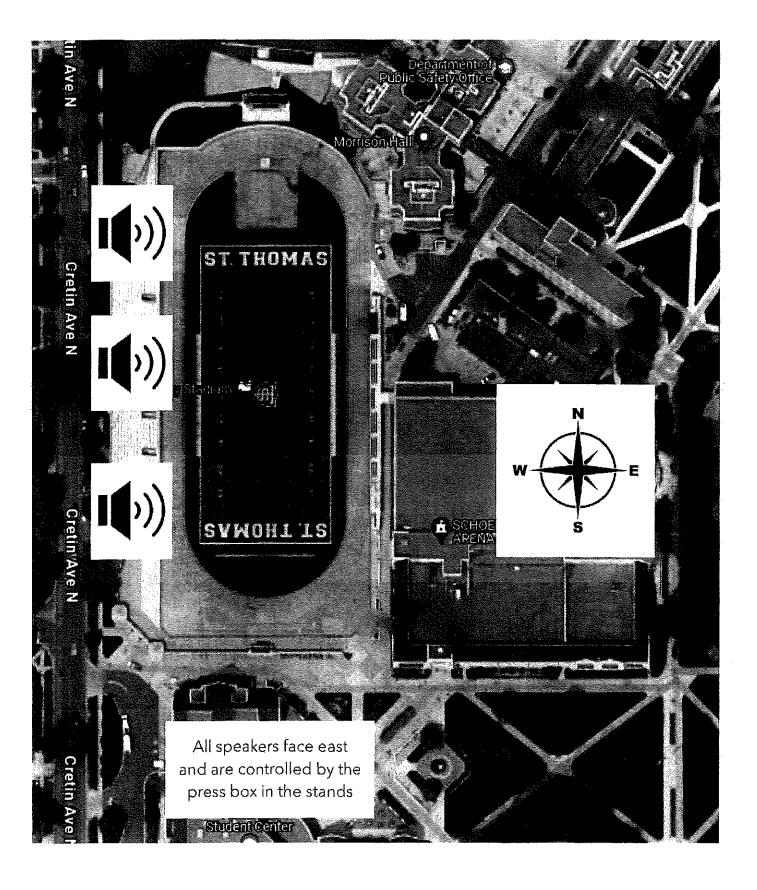
DEPARTMENT OF SAFETY & INSPECTIONS (DSI)

375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

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: University of St. Thomas					
2.	Event Name: UST Football Game					
<i>3</i> .	Address and physical description of noise source location (Event, Worksite): O'Shaughnessy Stadium					
-	2115 Summit Avenue St. Paul, MN 55105					
4.	esponsible person: Aaron Fimon					
5.	elephone: 651-962-5100E-Mail: fimo1649@stthomas.edu					
	ate(s) variance requested: 8/29/20204					
7.	7. Noise source - Time(s) of operation: 5:00PM - 9:00PM					
	- Time(s) of pre-event sound check: 4:00PM					
	ound level requested (dBA/Decibels): 92 dBA at 50 Feet					
9.	9. Mailing address w/zip code: 2115 Summit Avenue St. Paul MN, 55105 Mail: 4081					
10.	riefly describe the noise source and equipment involved: Stadium Speakers					
12. 13. 14. etc.	scribe the steps that will be taken to minimize the noise levels: The sound will be monitored in the and surrounding neighborhood. It should be consistent with past football games. ate reason for seeking variance (example - music, announcements, construction, etc.): Announcements/Musication number of attendees: 4000 site diagram & map must be attached showing location of noise source(s), streets, stages, tents, there will be amplified sound, indicate location and direction that all speakers will be facing. It locations may require more than one application.) bmit 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	oii				
I understand any social gathering associated with this variance must be managed in compliance with any applicable Mayor Carter executive order regarding vaccinations, distancing, masks and attendance limits.						
Sign	ure of responsible person: <u>favon Wimon</u> Date: 6/25/2024					





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: 07/16/2024

Received From: UNIVERSITY OF ST THOMAS

2115 SUMMIT AVE ST PAUL MN 55105-1048

Description:

Invoice Details

Invoice Amount

Amount Paid

1163017

Noise Variance

\$356.00

\$356.00

TOTAL AMOUNT PAID:

\$356.00

Paid By:

Payment Type	Check #	Received Date	Amount		
Credit Card	V2693	07/16/2024	\$356.00		