

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.smpaul.gov/dsl

Sound Level Variance Application

Legislative Code Chapter 293. - Noise Regulations

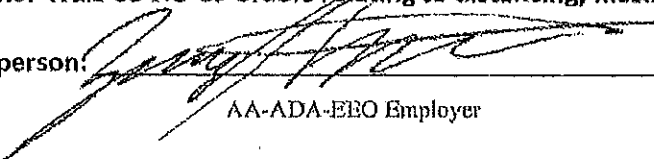
Application and \$175 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of the event date may not satisfy the processing timeline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

1. Organization/person seeking variance: University of St. Thomas
2. Event Name: St. Thomas Football and Cretin Durham Hall Football.
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 DuBols Title: St. Paul Campus Manager
5. Telephone: 651-962-5105 E-Mail: dubo0018@stthomas.edu
6. Date(s) variance requested: See attached.
7. Noise source - Time(s) of operation: See attached.
- Time(s) of pre-event sound check: See attached.
8. Sound level requested (dBA/Decibels): 92dBA at 50 feet
9. Mailing address w/zip code: 2115 Summit Avenue St. Paul Mn 55105 Mail: 4081
10. Briefly describe the noise source and equipment involved: Stadium Speakers
11. Describe the steps that will be taken to minimize the noise levels: Sound will be monitor in the area and neighborhood. Should be consistent with previous years of football games.
12. State reason for seeking variance (example - music, announcements, construction, etc.): There will be music and announcements during the game.
13. Maximum number of attendees: 3000
14. Describe steps that will be taken to prevent COVID-19 virus spread: We will follow all state guidance and applicable rules/laws.
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:  Date: 7/23/2021
AA-ADA-EEO Employer

University Of St. Thomas Football Schedule:

9/4/21 Game Start Time 1pm - St. Thomas vs St. Francis

Noise source - Time(s) of operation: 12:00 PM to 05:00 PM

Time(s) of pre-event sound check: 11:00 AM

9/25/21 Game Start Time 12pm – St. Thomas vs Butler

Noise source - Time(s) of operation: 11:00 AM to 04:00 PM

Time(s) of pre-event sound check: 10:00 AM

10/9/21 Game Start Time 1pm – St. Thomas vs Valparaiso

Noise source - Time(s) of operation: 12:00 PM to 05:00 PM

Time(s) of pre-event sound check: 11:00 AM

10/30/21 Game Start Time 1pm – St. Thomas vs Marist

Noise source - Time(s) of operation: 12:00 PM to 05:00 PM

Time(s) of pre-event sound check: 11:00 AM

11/20/21 Game Start Time 1pm – St. Thomas vs Presbyterian

Noise source - Time(s) of operation: 12:00 PM to 05:00 PM

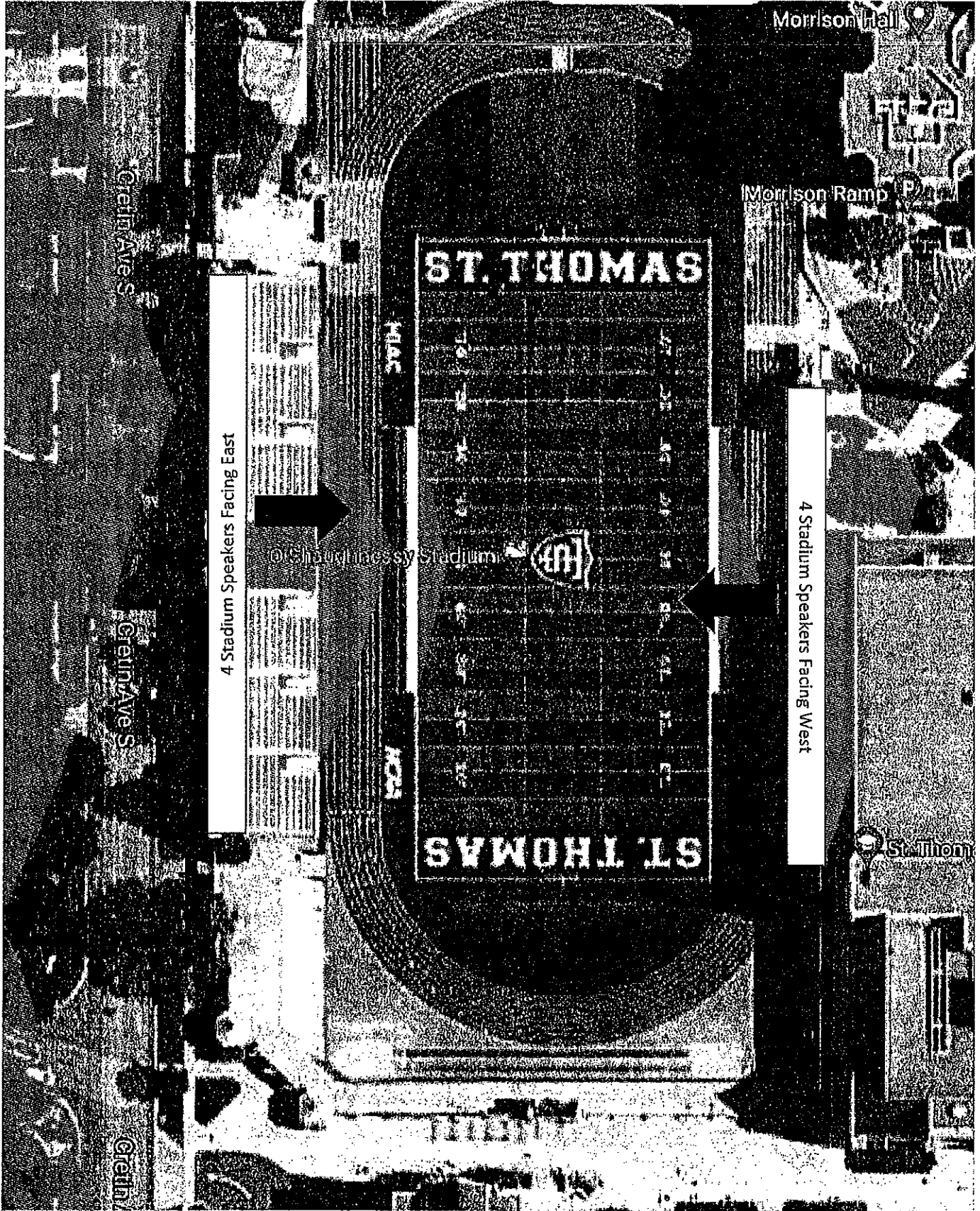
Time(s) of pre-event sound check: 11:00 AM

Cretin Durham Hall Football:

10/8/21 Game Start Time 7pm – CDH vs Irondale

Noise source - Time(s) of operation: 06:00 PM to 10:00 PM

Time(s) of pre-event sound check: 05:00 PM





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.sipaul.gov/dsi

Date: 07/26/2021

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

Description:

Invoice Details

1110185

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	07/26/2021	\$175.00