

RECEIVED IN D.S.I.

DEPARTMENT OF SAFETY AND INSPECTIONS  
Ricardo X. Cervantes, Director

MAR 05 2014



CITY OF SAINT PAUL  
Christopher B. Coleman, Mayor

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

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

**Application for Sound Level Variance**

City of Saint Paul Noise Ordinance  
Chapter 293 of the Saint Paul Legislative Code

1. Organization or person seeking variance: University of St. Thomas
2. Mailing Address with Zip Code: 2115 Summit Ave., St. Paul, MN 55105
3. Responsible person: Kristen Edwards
4. Title or position: Assistant Director of Campus Life.
5. Telephone: 651-962-6134
6. Briefly describe the noise source and equipment involved: Outdoor concert with stage, lights and speakers
7. Address or legal description of noise source: John P. Monahan Plaza, University of St. Thomas, 2115 Summit Ave., St. Paul, MN 55105
8. Noise source time of operation: 6pm - Soundcheck - 7pm - 9pm - concert
9. Briefly describe the steps that will be taken to minimize the noise levels: Acoustic Shroud, Monitoring decibel levels
10. Briefly state reason for seeking variance: outdoor concert
11. Date(s) during which the variance is requested: May 10, 2014

Signature of responsible person: [Signature] Date: 1/31/2014

Return completed Application and \$164.00 fee to:  
CITY OF SAINT PAUL  
DEPARTMENT OF SAFETY AND INSPECTIONS  
375 JACKSON STREET, SUITE 220  
SAINT PAUL, MN 55101-1806  
(651) 266-8989

Office Use Only	
Date Rec'd.	_____
Reviewed	_____
Date Public Notice Sent	_____
Referred to Council	_____

**NOTE: APPLICATION MUST BE RECEIVED NO FEWER THAN 30 (THIRTY) DAYS PRIOR TO THE EVENT DATE**

5/2010



# DSI RECEIPT

**CITY OF SAINT PAUL**  
Department of Safety and Inspections  
375 Jackson Street Suite 220  
Saint Paul, Minnesota 55101-1806  
Phone: (651) 266-8888 Fax: (651) 266-9124  
www.stpaul.gov/dsi

Date: 03/24/2014

Received From: UNIVERSITY OF ST THOMAS  
2115 SUMMIT AVE ST PAUL MN 55105-1048

Description:

Invoice Details	Invoice Amount	Amount Paid
890267		
Noise Variance	\$164.00	\$164.00
<b>TOTAL AMOUNT PAID:</b>		<b>\$164.00</b>

Paid By:

Payment Type	Check #	Received Date	Amount
Check	10288305	03/24/2014	\$164.00