E 2/20

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.stpaul.gov/dsi*

Sound Level Variance Application

Legislative Code Chapter 293. - Noise Regulations

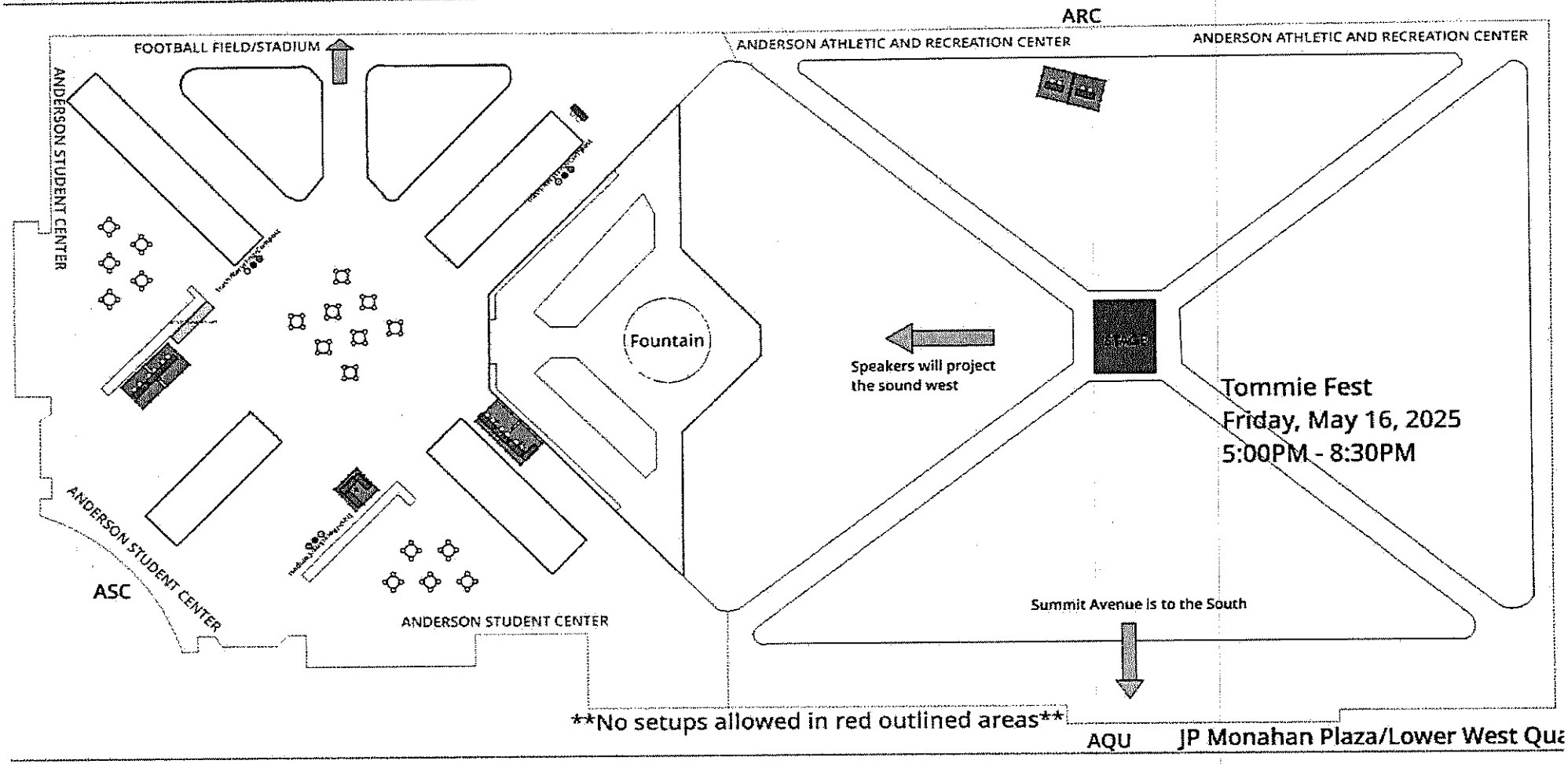
Application and $175 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of the event date may not satisfy the processing timeline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

1. *Organization/person seeking variance:* University of St. Thomas - Campus Life, Erin Whipkey
2. *Event Name:* Tommie Fest
3. *Address and physical description of noise source location (Event, Worksite):* Lower Quad, University of St. Thomas, 2115 Summit Avenue, St. Paul, MN 55105
4. *Responsible person:* Erin Whipkey *Title:* Assistant Director of Campus Life
5. *Telephone:* 651-962-6134 *E-Mail:* whipkey@stthomas.edu
6. *Date(s) variance requested:* 5/16/2025
7. *Noise source - Time(s) of operation:* Event is from 5:00pm - 8:30pm but we'd like to request until 9:00pm in case of weather delay
   - Time(s) of pre-event sound check: On and off from 11:00am - 5:00pm
8. *Sound level requested (dBA/Decibels):* 95 Decibels at 50ft
9. *Mailing address w/zip code:* 2115 Summit Avenue #4024, St. Paul, MN 55105
10. *Briefly describe the noise source and equipment involved:* The sound will be amplified from speakers provided by an external production company. We will have musicians singing and playing amplified instruments from stage.
11. *Describe the steps that will be taken to minimize the noise levels:* The speakers will be pointed West toward the Anderson Student Center. We will have staff at the event and we will work with professional sound technicians to monitor the sound.
12. *State reason for seeking variance (example - music, announcements, construction, etc.):* Outdoor event to celebrate the end of the academic year
13. *Maximum number of attendees:* Throughout the course of the event, the maximum number of guests will be about 1200-1500
14. *Describe steps that will be taken to prevent COVID-19 virus spread:* We will fully comply with any COVID-10 guidelines instated at the time of the event
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: Erin Whipkey **Date:** 2/13/2025



:0 Feet

ound Variance for Tommie Fest 2025 - May 16, 2025 at 12:00 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.stpaul.gov/dsi

Date: 02/21/2025

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

Description:

Invoice Details	Invoice Amount	Amount Paid
1175928 Noise Variance	$178.00	$178.00

TOTAL AMOUNT PAID: **$178.00**

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V9474	02/21/2025	$178.00

Event: Tommie Fest

CITY OF ST PAUL COUNTER
375 JACKSON ST STE 220
SAINT PAUL, MN 55101
651-266-9111

SALE

REF#: 00000001
Batch #: 569
02/21/25 07:12:55
SVC FEE APPR CODE: 086044
APPR CODE: 084039
Trace: 1
VISA Manual CP
**********9474 **/**

AMOUNT $178.00
SERVICE FEE $4.43
TOTAL $182.43

APPROVED

This transaction includes a non-refundable Service Fee charged by Elavon that will appear on your credit or debit statement as [Elavon-Service Fee]
All Service Fee inquiries should be directed to Elavon 7300 Chapman Hwy Knoxville. TN 37920 800-725-1243 custsvc@elavon.com

NO REFUNDS ALLOWED
THANK YOU

CUSTOMER COPY