RECEIVED IN D.S.I. DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, *Director*

MAR 2 3 2016

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.stpaul.gov/dsi

Sound Level Variance Application

City of Saint Paul Noise Ordinance (Chapter 293)

Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.

1. *Organization/person seeking variance:* University of St. Thomas
2. *Mailing Address w/zip code:* Mail 4024, 2115 Summit Ave., St. Paul, MN 55105
3. *Responsible person:* Krysten Edwards *Title:* Asst. Director of Campus Life
4. *Event Name:* Tommie Fest
5. *Telephone:* (651) 962-6134 *E-Mail:* edwardKr@stthomas.edu
6. *Date(s) during which the variance is requested:* 5/14/16
7. *Noise source - Time(s) of operation:* 6pm-8pm
   - Time(s) of pre-event sound check: 5:30pm
8. *Address or legal description of Noise source:* Anderson Student Center, John P. Monahan Plaza
9. *Sound level requested:* 85 dba @ 50 ft.
10. *Describe the noise source and all equipment involved:* Speakers and acoustic guitars and mics for vocals
11. *Describe the steps that will be taken to minimize the noise levels:* location of stage, only acoustic guitars w/ no drum sets
12. *State reason for seeking variance:* (E.g. music, announcements, construction, etc.) Music performance by students for event
13. *Attach site diagram 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.**
14. *Return completed Application, Site Diagram, and $169.00 fee to:* **CITY OF SAINT PAUL**
    DEPARTMENT OF SAFETY AND INSPECTIONS
    375 JACKSON STREET, SUITE 220
    SAINT PAUL, MN 55101-1806

Signature of responsible person: _____ **Date:** 3/9/16

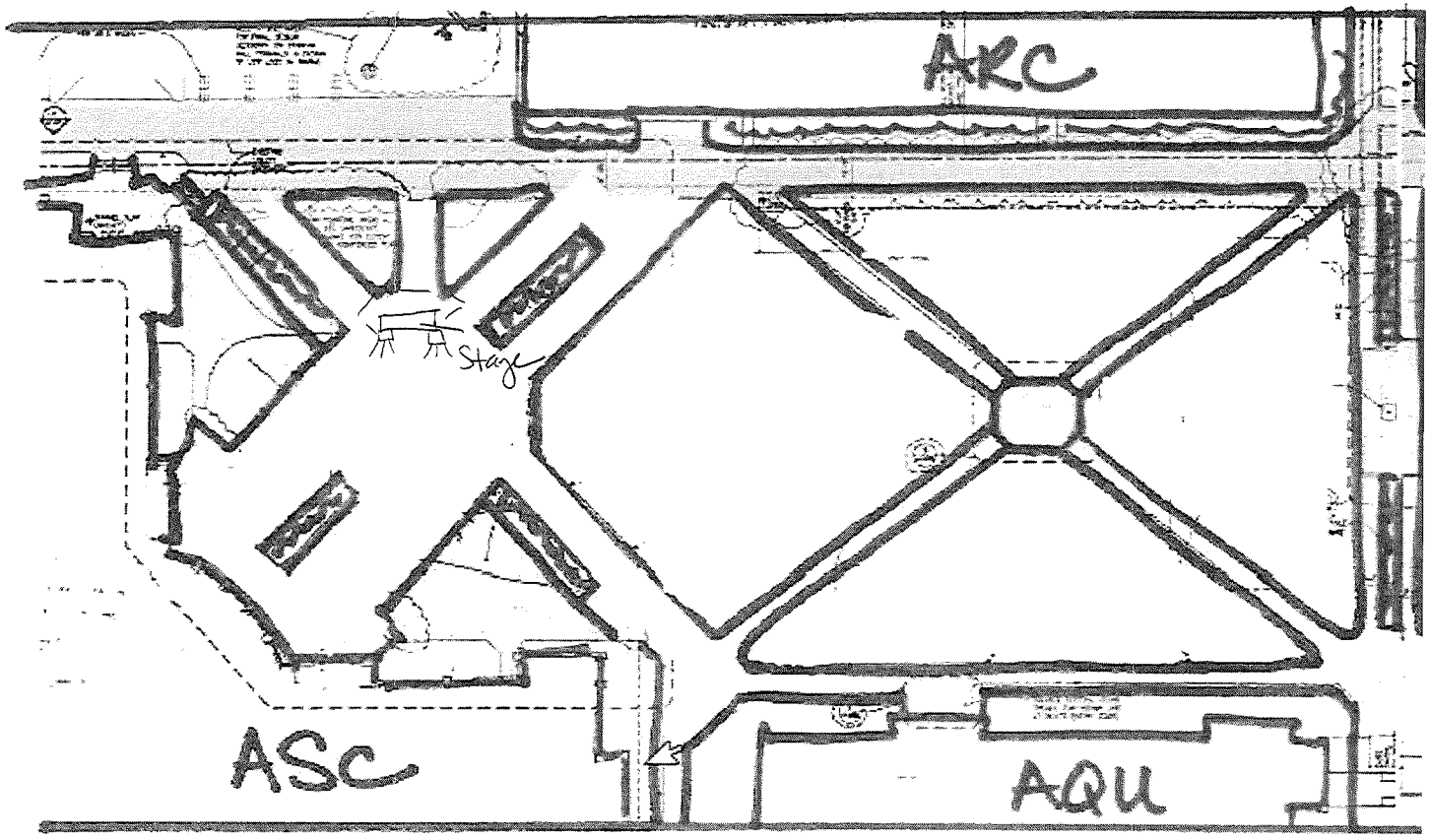
EVENT NAME: TammieFest

DATE: 5/14/16

TIME: 6pm-8pm

Contact: Krysten Edwards
651-962-4134

NOTES:



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: 03/23/2016

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

Description:

Invoice Details	Invoice Amount	Amount Paid
955358		
Noise Variance	$169.00	$169.00

TOTAL AMOUNT PAID: **$169.00**

Paid By:

Payment Type	Check #	Received Date	Amount
Check	90001245	03/23/2016	$169.00