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

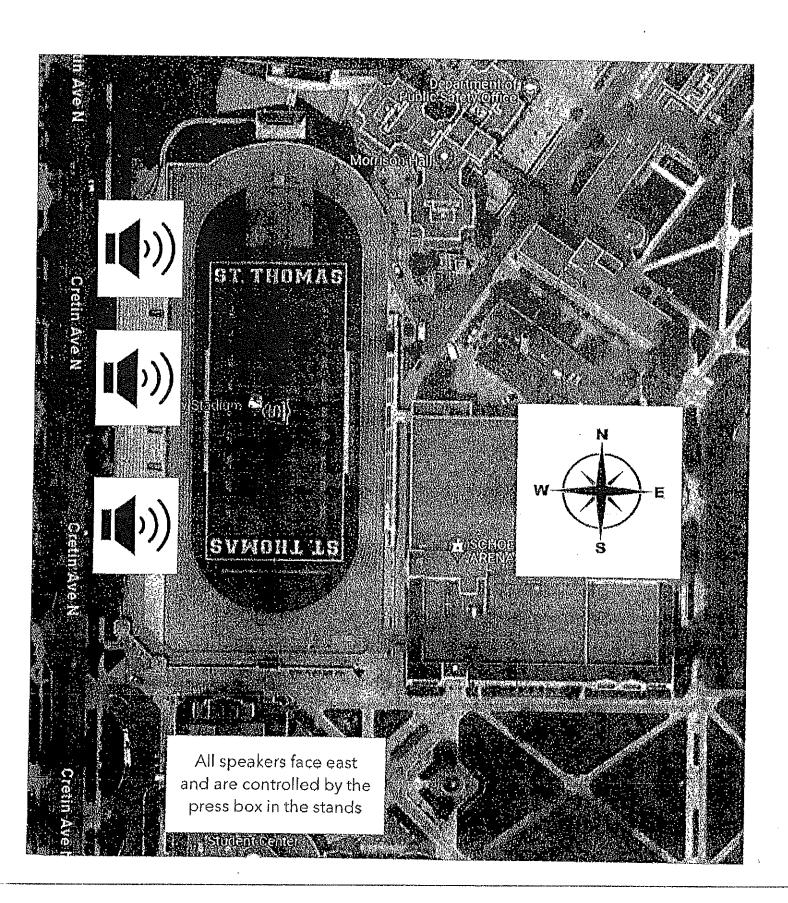
Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: <u>www.stpaul.gov/dsi</u>

Sound Level Variance Application

Legislative Code Chapter 293. - Noise Regulations

Application and \$175 fee payment should be submitted a minimum of sixty (60) days prior to the scheduled event start date. A public notification period is required prior to scheduling the application's Public Hearing before the Saint Paul City Council. Applications received fewer than sixty (60) days prior to the event may not satisfy the ordinance's processing timelines for placement on the Council's agenda.

1. Organization/person seeking vario	ance: University of St. Thomas	
2. Event Name: Cretin Derham Hal	ll High School Football	
3. Address and physical description of	of noise source location (Event, Wa	rksite): O'Shaugnessy Stadium 2115
Summit Avenue St. Paul, Minnesota		
4. Responsible person: Travis Hor	nik	ST Assistant Athletic Director
5. Telephone: 651-962-7922	E-Mail; travis	.hornik@stthomas.edu
6. Date(s) variance requested: 10/2		
7. Noise source - Time(s) of operation	n: 6:30PM - 10:30PM	
- Time(s) of pre-event	sound check: 5:30PM	
8. Sound level requested (dBA/Decibe	els): 92 dBA at 50 Feet	
9. Mailing address w/zip code:2	2115 Summit Avenue St. Paul MN,	55105
10. Briefly describe the noise source at making announcements during the	nd equipment involved: Stadium : game.	speakers will be playing music and
11. Describe the steps that will be take the area and surrounding neighbor12. State reason for seeking variance (Announcements and Announcements and Announcements)	hood. It will be consistent with pa	ist football games.
13. A <u>site diagram & map</u> must be atto there will be amplified sound, indicate in Multiple locations may require	location and direction that all spea more than one application.	ikers will be facing).
14. Submit completed application, site CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND INS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806);
Signature of responsible person:	Travis Hornik	Date: <u>5-14-25</u>
•	A A A TO A TOPPLY NO. 1	





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: 06/18/2025

Received From: UNIVERSITY OF ST THOMAS dba: O'SHAUGHNESSY STADIUM

2115 SUMMIT AVE ST PAUL MN 55105

Description:

Invoice Details

Invoice Amount

Amount Paid

1179675

Noise Variance

\$1,246.00

\$1,246.00

TOTAL AMOUNT PAID:

\$1,246.00

Paid By:

Payment Type	Check#	Received Date	Amount
Credit Card	V2693	06/18/2025	\$1,246.00