

DEPARTMENT OF SAFETY & INSPECTIONS (DSI) ANGIE WIESE, DIRECTOR

> 375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

Sound Level Variance Application

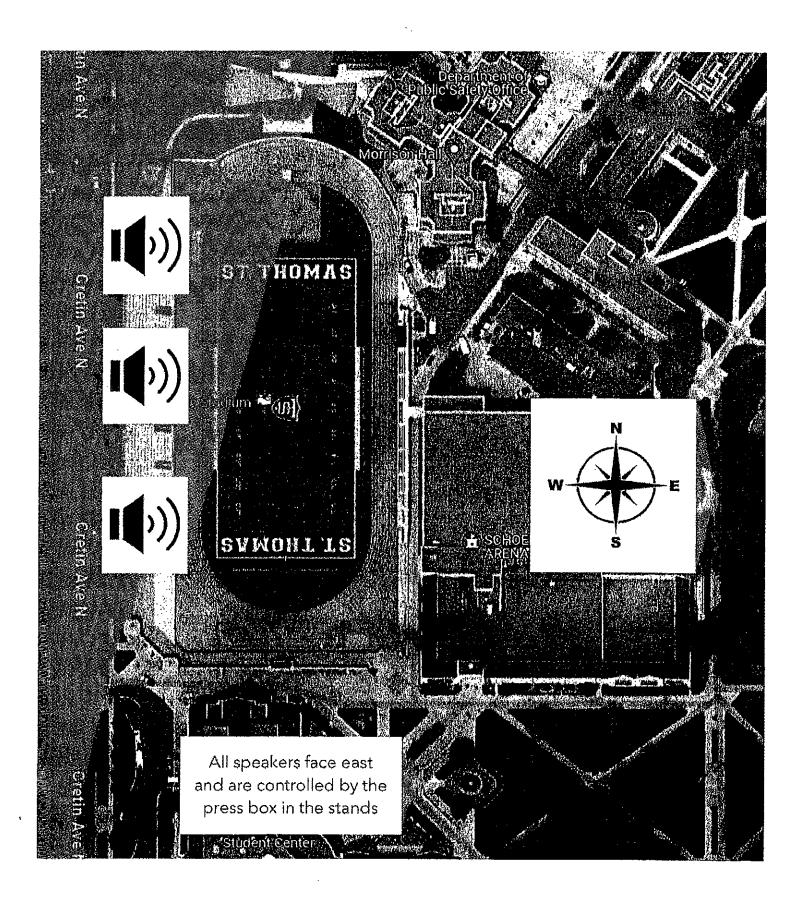
Legislative Code Chapter 293. - Noise Regulations Application and \$178 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of the event date may not satisfy the processing timeline requirements.

| 1. | Organization/person seeking variance: University of St. Thomas | | | | |
|-----|--|--|--|--|--|
| | Event Name: Spring Football Game | | | | |
| | 3. Address and physical description of noise source location (Event, Worksite): O'Shaugnessy Stadium Jniversity of St. Thomas 2115 Summit Avenue, St. Paul MN 55105 | | | | |
| 4. | Responsible person: Aaron Fimon | | | | |
| | Telephone: 651-962-5189 E-Mail: fimo1649@stthomas.edu | | | | |
| 6. | Date(s) variance requested: 05/04/2024 | | | | |
| | Noise source - Time(s) of operation: 11:00 AM to 4:00 PM | | | | |
| | - Time(s) of pre-event sound check: 10:30 AM | | | | |
| 8. | Sound level requested (dBA/Decibels): 92 dBA at 50 Feet | | | | |
| | 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 | | | | |
| | Describe the steps that will be taken to minimize the noise levels: Sound will be monitored in the a and surrounding neighborhood. It should be consistent with previous years football games. | | | | |
| 12. | . State reason for seeking variance (example - music, announcements, construction, etc.): | | | | |
| The | ere will be music and announcements during the game | | | | |
| 13. | Maximum number of attendees: 3000 | | | | |
| | A <u>site diagram & map</u> must be attached showing location of noise source(s), streets, stages, tents, etc. | | | | |
| | there will be amplified sound, indicate location and direction that all speakers will be facing). | | | | |
| | Itiple locations may require more than one application. | | | | |
| 15. | Submit completed application, site diagram/map, and \$178 fee to: | | | | |
| | CITY OF SAINT PAUL | | | | |
| | DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON | | | | |

Signature of responsible person:

STREET, SUITE 220

SAINT PAUL, MN 55101-1806





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: 02/26/2024

Received From: UNIVERSITY OF ST THOMAS

2115 SUMMIT AVE ST PAUL MN 55105

Description:

Invoice Details Invoice Amount Paid

1158478

Noise Variance \$178.00

TOTAL AMOUNT PAID: \$178.00

Paid By:

| Payment Type | Check # | Received Date | Amount |
|--------------|---------|---------------|----------|
| Credit Card | V2693 | 02/26/2024 | \$178.00 |