



SAINT PAUL
SAFETY & INSPECTIONS

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

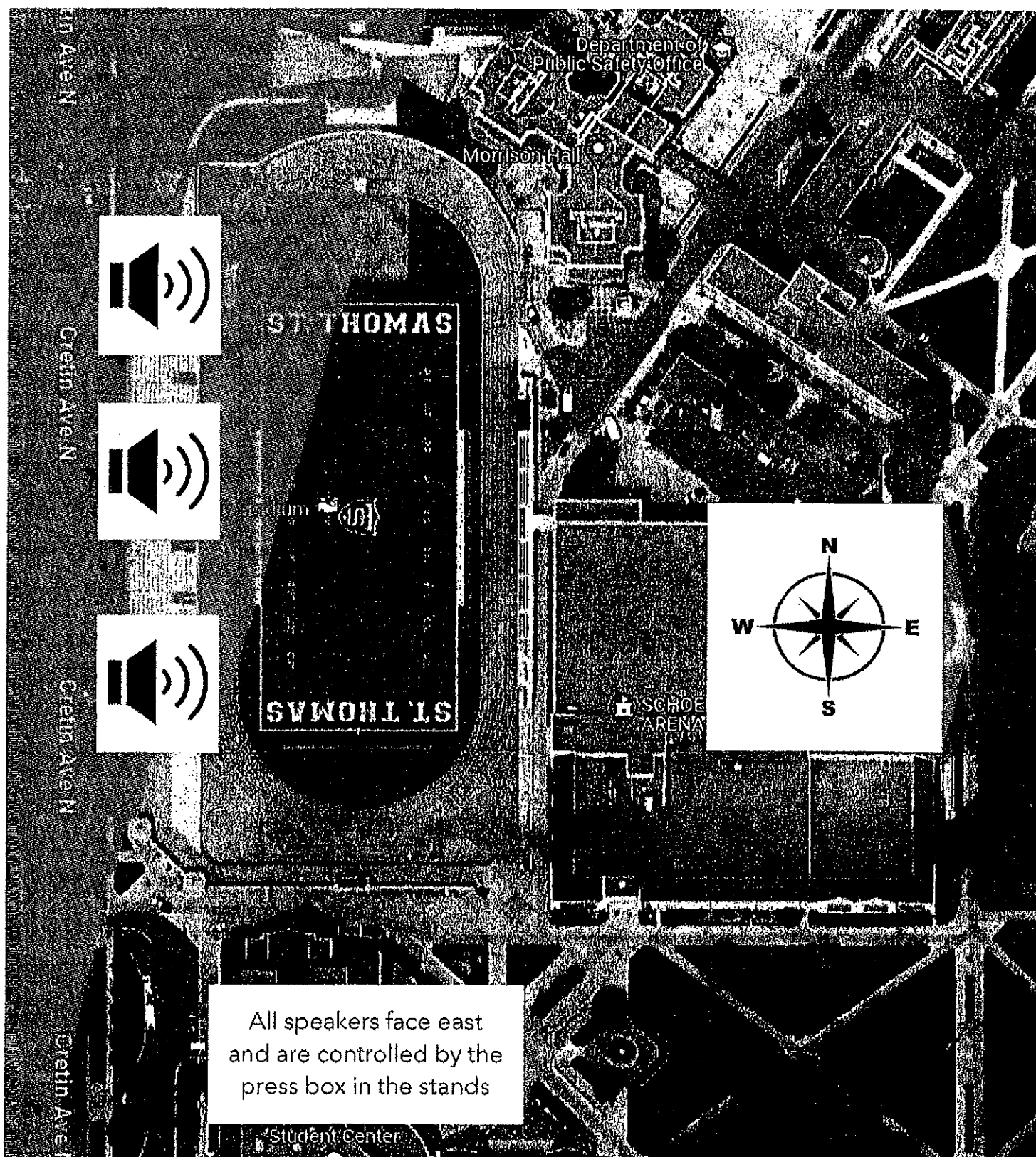
Legislative Code Chapter 293. - Noise Regulations Application and \$178 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of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

1. Organization/person seeking variance: University of St. Thomas
2. Event Name: Spring Football Game
3. Address and physical description of noise source location (Event, Worksite): O'Shaughnessy Stadium
University of St. Thomas 2115 Summit Avenue, St. Paul MN 55105
4. Responsible person: Aaron Fimon Title: Public Safety Manager
5. Telephone: 651-962-5189 E-Mail: fimo1649@stthomas.edu
6. Date(s) variance requested: 05/04/2024
7. 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
9. 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
11. Describe the steps that will be taken to minimize the noise levels: Sound will be monitored in the area and surrounding neighborhood. It should be consistent with previous years football games.
12. State reason for seeking variance (example - music, announcements, construction, etc.):
There will be music and announcements during the game
13. Maximum number of attendees: 3000
14. 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.
15. Submit completed application, site diagram/map, and \$178 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: Aaron Fimon

Date: 2/13/2024





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

1158478

Noise Variance

Invoice Amount

\$178.00

Amount Paid

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

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