



PORT COLBORNE

**Application Form**

**Request for Relief from Noise By-law**

**Applicant**

1) Name: \_\_\_\_\_

2) Address: \_\_\_\_\_

3) Phone #: \_\_\_\_\_

4) Email: \_\_\_\_\_

**Area in question**

**Address:** \_\_\_\_\_

**Site Plan Attached**

**Area Neighbour(s) consent attached**

**Date(s) of Exemption Request** \_\_\_\_\_

**Hours of Exemption** \_\_\_\_\_

**Type of Noise Exemption** \_\_\_\_\_

(music, fireworks, etc)

**Specify Equipment Used** \_\_\_\_\_

**Registered Charitable Organization**

**Not for Profit Organization**

❖ Proof of Organization must be attached

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** Application must be completed and submitted with payment, if applicable, 60 days prior to the event. Registered Charitable Organizations and Not for Profit Organizations are exempt from the Variance Fee.

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Office Use Only:*

Variance Fee Private Property	<b>\$150.00</b>	Clerk Approval	
Variance Fee City Property	<b>\$100.00</b>	By-law Approval	
Paid by:		Date	