

**APPLICATION FOR EXEMPTION
NOISE BY-LAW #2634/PS/19**



Applicant Information

Individual Corporation Sole Proprietor Partnership

Applicant Name: _____

Mailing Address: _____

Contact Name: _____ Phone: _____

E-mail: _____

Details of Exemption Request

Location of Activity/Event: _____

Exemption Period: Date(s): _____ to _____

 Time(s): _____ to _____

Section(s) of the by-law seeking exemption from: _____

Details of Noise Making Activity:
(for construction projects, attach a detailed construction schedule)

Please identify the reasons why compliance with the by-law is difficult:

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Date received: _____

Council review date: _____

Approved

Denied

Modified Approval
(list conditions below)

Conditions (if any):