



## NOISE PERMIT APPLICATION

### I. APPLICANT INFORMATION

PRINT Name (Last, First)		Email Address	
Cell Phone Number		Daytime Phone Number	
Mailing Address			
Civic Address			

### II. NAME OF BUSINESS/ORGANIZATION HOLDING EVENT, if applicable

Name	
Phone Number	
Mailing Address	
Civic Address	

### III. TYPE OF SPECIAL EVENT/CONSTRUCTION TAKING PLACE

Type of Event	Construction <input type="checkbox"/> Special Event <input type="checkbox"/> Block Party <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____		
Event Address/Location			
Date of Event:	MM/DD/YYYY	Start & End Time	_____ am/pm to _____ am/pm
Cause/Source of the Noise:			
On Site Contact Person Supervising Event	Name:		
	Cell Phone Number:		

### IV. REASON WHY AN EXEMPTION FROM BYLAW 534-PL-14 (NOISE BYLAW) IS BEING REQUESTED


### V. SIGNATURE

*I certify that the information I have provided on this application is true to the best of my knowledge. I have read the City of Cold Lake Bylaw No. 534-PL-14, and request a temporary exemption from the provisions of this Bylaw*

\_\_\_\_\_  
Applicant Signature

MM/DD/YYYY  
\_\_\_\_\_  
Date

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