



Special Variance Request

Noise Ordinance

Date of Application: _____

Name of Applicant(s): _____

Applicant Address: _____

Contact Number: _____ Email Address: _____

Address of Property at Issue: _____

Description of Requested Variance: _____

Requested Dates: _____ Requested Hours: _____

Anticipated Maximum Sound Level: _____ dBA

Office Use Only

Date Received: _____ Time Received: _____

Approved Approved with Conditions Denied

Approval Conditions:

Receiving Property Owners Notified: Yes No N/A

Date of Notification: _____

City Manager Signature

Date