

#### **Application Form**

**Applicant Information** 

First Name

<u>Note</u>: This form must be completed for all Noise Exemption Applications.

Street Number	Street Name				Suite/Unit Number
City/Town		Province		Posta	al Code
Mobile Telephon	e Number	E	mail		
Identify the primexemption, if it is	•	•	•	_	e activity or event requiring
•	tact (if different f		ing for the ex	empti	on.
Primary Contact	tact (if different f		ing for the ex	empti	
Primary Con	tact (if different f		ing for the ex	empti	Suite/Unit Number
Primary Contact	tact (if different f		ing for the ex		

Last Name



## **APPENDIX 1 – Events/Sound Amplification (e.g., Outdoor Speakers)**

This Appendix is required when a noise exemption is being sought for the operation of speakers and other sound amplification equipment outdoors, including at Events outside permitted hours (i.e., Sunday to Thursday: 9PM to 8AM the next day; Friday/ Saturday/ Holiday: 11PM to 8AM the next day).

Note: If applying for the purpose of an Event, applicants must apply for an exemption request at least thirty (30) days before the event is to occur and understand further information may be requested.

Location of I	Event/Activity				
Location Name (	if applicable)				
Street Number	Street Name				Suite/Unit Number
City/Town		Province		Posta	al Code
Other Location In	nformation				
Is your event in a	a park?		Park Name and	d Perm	nit No. (if applicable)



Event/Activity information		
Event/Activity Name	Event/Activity Type	
Describe the event/activity and a brief description	on of why a noise exemption	n is required, including the
type of noise impacts anticipated.		
Dates and Times		
List the dates and times of your set-up, event/ac	ctivity and tear down.	
	Set-Up	
Set up date(s) (yyyy-mm-dd)	Start time	End time
Eve	ent/Activity	
Event date(s) (yyyy-mm-dd)	Start time	End time
	ear Down	
Tear down date(s) (yyyy-mm-dd)	Start time	End time
Additional information about the duration of the	event/activity	
Additional information about the duration of the	overwactivity	



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Equipment
Describe all sound equipment that will be used, how it will be used (e.g., music/speeches/addresses) and what types of sound control systems will be incorporated.
Mitigation Measures
Describe what steps you will take to reduce the impact of the noise (e.g., measures could include positioning the speakers so the sound is directed away from residences).



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I acknowledge that the information I have provided to complete this application is accurate and true.

I further acknowledge and understand that by submitting and signing this application and paying the required exemption fee (non-refundable), my exemption request is not guaranteed and will only be approved by the Clerk or CAO (or Council, at the Clerk's or CAO's discretion).

Applicant Signature	Date (yyyy-mm-dd)

Personal information contained on this form is collected pursuant to the *Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act.* The purpose of this collection is to administer the noise exemption application request. The information is used to determine the eligibility for noise exemption outside permitted hours and for further communication regarding the application. Questions about this collection can be directed to the Coordinator, Records Management and Freedom of Information, 97 Hurontario Street, Collingwood, ON, L9Y 3Z5 or by telephone at 705-445-1030.