



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	\$150.00	Clerk Approval	
Variance Fee City Property	\$100.00	By-law Approval	
Paid by:		Date	