



Clerk's Department
 100 Wellington Square,
 Brantford, Ontario, N3T 2M2
 www.brantford.ca
 Phone: (519) 759-4150 Fax: (519) 759-7840

NOISE EXEMPTION APPLICATION
Noise Control Chapter 554

FOR OFFICE USE ONLY	
APPLICATION NUMBER	
ZONING	MAP NUMBER
PAYER	LICENCE FEE
RECEIPT NUMBER	DATE
PAYMENT TYPE	RECEIVED BY
TRANSFER FROM	
APPROVED	DENIED

- REQUIRED INFORMATION**
- LETTER OF PERMISSION FROM PROPERTY OWNER
 - LAYOUT PLAN OF EVENT
 - [Other illegible items]

THIS FORM MUST BE COMPLETED BY ONE OF THE FOLLOWING: AN INDIVIDUAL(S) RESPONSIBLE FOR THE EVENT

ADDITIONAL INFORMATION MAY BE REQUIRED IN ORDER TO PROCESS THE APPLICATION. FAILURE TO SUBMIT THE REQUIRED INFORMATION OR COMPLETE DEPARTMENTAL REQUIREMENTS CAN DELAY THE PROCESSING OF THE APPLICATION AND MAY RESULT IN THE PERMIT NOT BEING ISSUED. FEE IS NOT REFUNDABLE.

PLEASE PRINT CLEARLY

LOCATION OF EVENT	LOCATION		UNIT NUMBER	POSTAL CODE
	DATE OF EVENT		END DATE	NUMBER OF DAYS
	START TIME		END TIME	NUMBER OF HOURS
APPLICANT	NAME		PHONE NUMBER(S)	DATE OF BIRTH (MM/DD/YY)
	ADDRESS		CITY	POSTAL CODE

PLEASE COMPLETE APPROPRIATE BOXES BELOW

EVENT ELEMENTS	SOUND AMPLIFICATION (identify system to be used)		PHONE NUMBER(S)
	LIVE MUSIC (name of performer)		ALCOHOL (Liquor Licence number)
	AMUSEMENT RIDES/INFLATABLE COMPANY (IF APPLICABLE)		
	EQUIPMENT TO BE USED (identify machinery/construction equipment)		NUMBER OF UNITS
	LOTTERY/RAFFLES		FOOD SERVICE
TYPE OF EVENT	DESCRIBE THE INTENT OF THE EVENT (CONSTRUCTION, CULTURAL, FESTIVAL, FUNDRAISING)		
	ESTIMATED ATTENDANCE	CITY	POSTAL CODE
	NAME OF EMERGENCY CONTACT (ON SITE)		PHONE NUMBER(S)

I acknowledge it is my responsibility to notify the City of Brantford in writing of any changes in the above information during the course of the application and the period of the permit, and I will act as the agent for the applicant company in this regard.
 For a copy of Noise Control Chapter 554, please visit By-laws and Municipal Code at www.brantford.ca

I certify that the information contained in this application is true in all respects to the best of my knowledge.

Signature of Applicant _____ Date _____

Personal information contained in this application is collected pursuant to the City of Brantford Noise Control Chapter 554 and will be used for the administration and enforcement of this by-law. Questions regarding the collection of this information may be addressed to the Coordinator of Licensing, 100 Wellington Square, Brantford, Ontario N3T 2M2 (519)-759-4150

NOTICE

OF NOISE EXEMPTION

Please be advised that a request for an exemption to the City of Brantford Noise Control Chapter 554 will be considered for the following event;

Name of Event: _____

Location: _____

Applicant: _____

Event Date: _____ From: _____ To: _____

Event Supervisor: _____ Contact # on day of event: _____

Type of noise:

- | | |
|--|--|
| <input type="checkbox"/> Live Band | <input type="checkbox"/> Construction vehicles |
| <input type="checkbox"/> Amplified Sound | <input type="checkbox"/> Construction Equipment (describe below) |
| <input type="checkbox"/> Musical instruments/singing – not amplified | <input type="checkbox"/> Other (describe sound below) |

Reason for the request:

- Necessary Construction Community Event Life Event Other (describe below)

Please provide any comments or concerns regarding this event to the Clerk's department no later than: _____ (1 week after delivey date). Comments can be sent by email to licensing@brantford.ca or by mail to:

The City of Brantford
Clerk's – Licensing Department
100 Wellington Square,
Brantford, ON, N3T 2M2
(519) 759-4150

This notice was delivered by _____ on _____
(regular mail/hand delivery) (date)