



**CITY OF COBURG
Noise Variance Application**

Date Received _____ Application Number _____

Applicant Information

Applicant Name/Business/Organization _____

Applicant Address _____ Applicant Phone _____

Fax Number _____

Mailing Address (*If different than above*) _____

Contact Person (*If different than applicant*) _____

Variance Information

Variance Address _____

Please specify type and nature of event _____

Please specify the type of noise requiring the variance _____

Date(s) of Activity or Event _____

Hour(s) of Activity or Event _____

I hereby certify that the statements and information contained in this application, including any attached documents, are in all respects true and correct.

Applicant Signature _____ **Date** _____

Permit Approval/Denial (*for office use only*)

Application Approved (Permission is granted to proceed with request)

Application Denied because _____

Signature of Authorizing Official _____ **Date** _____

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