

Application for Temporary Noise Exemption

Date Received:		Temporary Noise Application Number:			
A. Applicant Information					
Last name:		First name:		Company:	
Street address:				Unit number:	Lot/con:
Municipality:		Postal code:	Province:	e-mail:	
Telephone number: ()		Fax ()		Cell number ()	
B. General Information					
Reason for request: <input type="checkbox"/> Construction <input type="checkbox"/> Event					
Date(s) requested:		Time(s) requested:		Approximate number of people:	
Street address:				Unit number:	Lot/con:
Description of sounds/construction equipment to be used:					
Statement of steps being taken to minimize noise/sound					
C. Contact Person Supervising Activity <input type="checkbox"/> Check if same as above <input type="checkbox"/> Check for additional contact person(s)					
Last name:		First name:		Company:	
Street address:				Unit number:	Lot/con:
Municipality:		Postal code:	Province:	e-mail:	
Telephone number: ()		Fax ()		Cell number ()	
E. Declaration of Contact Person(s) Supervising Activity					
I _____ certify that:					
(print name)					
<ol style="list-style-type: none"> 1. The information contained in this application, and other attached documentation is true to the best of my knowledge. 2. The undersigned hereby releases the Town of Newmarket from any or all claims for damages which may arise in the carrying on of business within the Municipality under which the undersigned is licensed by the Municipality to do so. 3. I have authority to bind the corporation or partnership (if applicable). 4. I/we will be supervising the event or activity and will be on-site during the entire event or activity to ensure compliance with the terms and conditions of the permit. 					
Date		Signature of Applicant		Signature of Supervisor of Event or Activity	
OFFICE USE ONLY:					
Noise exemption application fee (non-refundable): \$				Total: \$	
Noise permit fee: \$				Account number:	