



# TOWNSHIP OF ZORRA

## APPLICATION FOR EXEMPTION TO NOISE CONTROL BY-LAW

**1. REGISTERED OWNER(S):**

Name: \_\_\_\_\_

Phone: Residence: \_\_\_\_\_

Address: \_\_\_\_\_

Business: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

**2. APPLICANT (if other than registered owner):**

Name: \_\_\_\_\_

Phone: Residence: \_\_\_\_\_

Address: \_\_\_\_\_

Business: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

**3. ADDRESS AND LOCATION OF EVENT:**

\_\_\_\_\_  
\_\_\_\_\_

**4. DATE OF EVENT:** \_\_\_\_\_

**5. TIME OF EVENT:** Start: \_\_\_\_\_ End: \_\_\_\_\_

**6. DESCRIPTION OF EVENT, NOISE ANTICIPATED AND THE SOURCE(S) OF THE NOISE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. EXPLAIN WHY EXISTING BY-LAW PROVISIONS CANNOT BE ADHERED TO (please attach further information if required):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Applicant/Agent

\_\_\_\_\_  
Date

*For the purposes of the Municipal Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body any information contained in respect to this application for the purposes of processing this application.*

**Please return completed form with \$52.00 application fee in cash or cheque to the undersigned and payable to The Corporation of the Township of Zorra. Applications must be received 20 days prior to the date of event.**

Submit to: Clerk  
Township of Zorra  
PO Box 189  
Thamesford, ON N0M 2M0