



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 \$53.00 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