



The Corporation of the City of Elliot Lake.

EXEMPTION PERMIT APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Phone:

Current address:

City:

Prov.:

Postal Code:

Own Rent (Please circle)

Previous address:

City:

Prov.

Postal Code:

Email:

EVENT INFORMATION

Event address

Start time:

Start Date:

End Date

End time:

Description

EQUIPMENT

CONTACT INFO FOR EVENT SUPERVISOR

Name

Address:

Date of Birth

Phone:

E-mail:

City:

Prov.

Postal Code:



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Relationship:

Additional Notes:

UNDERTAKING

I _____ undertake to ensure that the
(Please print)
sound emitted from the authorized equipment as a result of my pre-planned event will not exceed 85 dB(A) measured at 20 meters from the edge of the source of the sound. Further, there will be constant supervision of the event to ensure this condition is adhered. I understand and commit that the supervisor (named herein) will remain reasonably responsible, in respects to intoxication, (as would be expected of anyone in a position of supervision) throughout the time that they are accountable for adherence to the conditions of the Noise Exemption Permit, and the Noise By-law to which it pertains.

Signature of applicant

Date
(mmddyy)

Signature of event supervisor

Date
(mmddyy)

Signature of Witness

Date
(mmddyy)

