

Special Variance Request Noise Ordinance

Date of Application:		
Name of Applicant(s):		
Applicant Address:		
Description of Requested Variance:		
,		
Requested Dates:		Requested Hours:
Anticipated Maximum Sound Level:d	ВА	
Office Use Only		
Date Received:		Time Received:
Approved Approved with Conditions	☐ Denied	
Approval Conditions:		
Receiving Property Owners Notified:	□ No	□ N/A
Date of Notification:		
Craig Giles, City Manager		