



## NOISE BY-LAW EXEMPTION APPLICATION FORM

|   |   |            |  |
|---|---|------------|--|
| Name of Applicant                         |   |            |  |
| Group/Business/Organization               |   |            |  |
| Address                                   |   |            |  |
| Email                                     |   | Phone      |  |
| Event Date                                |   | Event Time |  |
| Event Type                                |   |            |  |
| Event Location                            |   |            |  |
| Property Owner Name                       |   |            |  |
| Event Supervisor Name                     |   |            |  |
| Attached Letter of Consent Property Owner | <input type="checkbox"/> YES (Required) |            |  |
| Application Fee (\$50.00) Enclosed / Paid | <input type="checkbox"/> YES (Required) |            |  |

Description of the source of noise for which the exemption is being sought:

Reason why the exemption should be granted:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Electronic Signature Accepted

Please submit to: Karren Wallace, Director Legislative Services/Clerk 7490 Sideroad 7 W PO Box 125, Kenilworth ON N0G 2E0 Email [kwallace@wellington-north.com](mailto:kwallace@wellington-north.com) | Phone 519-848-3620 Ext 4227 All information submitted to the municipality is subject to disclosure under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Questions about this notice of collection should be directed to the Clerk's office (519) 848-3620.

To request an alternate format of this document, please contact [township@wellington-north.com](mailto:township@wellington-north.com) or 519-848-3620



## APPOVAL of NOISE BY-LAW 6001-24 EXEMPTION

|                             |   |       |  |
|-----------------------------|---|-------|--|
| Name of Applicant           |   |       |  |
| Group/Business/Organization |   |       |  |
| Address                     |   |       |  |
| Email                       |   | Phone |  |
| Date Received               |   |       |  |
| Date Approved               |   |       |  |
| Approved By                 |   |       |  |
| Copies to:                  | <input type="checkbox"/> YES (Required) FIRE SERVICES<br><br><input type="checkbox"/> YES (Required) BY LAW ENFORCEMENT |       |  |

Please submit to: [township@wellington-north.com](mailto:township@wellington-north.com)