APPLICATION FOR COMMUNITY NOISE VARIANCE

Refer to “Guide to Application for Community Noise Variance” for instructions. Submit attachments if necessary. Application form and attachments must be submitted in triplicate.

1. Applicant Identification

   Company Name________________________________________ Telephone________________

   Authorized Individual______________________________ Telephone________________

   Title______________________________________________

   Mailing Address______________________________________

   __________________________________________________

   __________________________________________________

2. Type and purpose of activity

3. Location of activity

4. Time of activity

5. Estimated duration of construction activity (Specify dates)

   From__________________________ To__________________________
6. Schedule of activity (Submit as attachment)

7. Description of immediate impact area

8. List of equipment to be utilized (attach list if necessary)

9. Plans and procedures for the attenuation of noise emission emanating from the activity

10. Identify specific provisions of statutes or rules for which the variance is requested (include specific sections)

11. Description of alternatives to the proposed activity

12. Describe why the present or proposed activity cannot be altered to comply with applicable statutes or rules

13. Description of any adverse environmental effects which cannot be avoided

14. Discuss the relationship between short-term (temporary) use of the environment, and the maintenance and enhancement of long-term productivity

15. Discuss any irreversible and irretreivable commitments of resources which would be involved in the proposed activity
16. Discuss any possible impact from noise created by any proposed nighttime activity which may affect the immediate surrounding area.

17. Discuss any plans or procedures for notification of people in the surrounding area of any planned nighttime activity.

18. Describe the purpose of the project as relating to public interest.

CERTIFICATION OF INDIVIDUAL AUTHORIZED TO ACT FOR APPLICANT

I, _________________________________, certify that I have knowledge of the facts herein set forth and that the same are true and correct to the best of my knowledge and belief.

Signature ________________________________

Date ________________________________

FOR DEPARTMENT OF HEALTH USE ONLY

Date received ________________________________

Variance Appl. Number ________________________________

Variance Docket Number ________________________________

Fee Paid ________________________________ Receipt No. ________________________________

Date Issued ________________________________ Exp. Date ________________________________