



City of Sandusky
Application for Waiver of Noise Ordinance
(Codified Ordinances of the City of Sandusky, Chapter 519)

<u>Applicant Information</u>	<u>Sound Source Information</u>
_____ Name of Property Owner	_____ Description of Activity
_____ Company or Organization	_____ Location of Sound Source
_____ Address (City, State ZIP)	_____ Dates of Activity - Start to End
_____ Person Responsible	_____ Time Duration of Activity Each Day
_____ Daytime Phone of Person Responsible	_____ Source or Type of Sound (What is the cause of the sound?)
_____ Email	A non-refundable \$100.00 filing fee MUST be paid at City Hall Customer Accounting Office, 240 Columbus Ave., Sandusky.

Waiver Request / Description of Hardship

Nature and Intensity of Sound That Will Occur: _____

Reason for Waiver Request: _____

Hardship That Will Result if Waiver is Denied: _____

Describe any Noise Control Measures That Will be Taken:

Signature of Applicant

Date

For Office Use Only

Received by Noise Control Administrator on: _____ Publication Date: _____

Granted on: _____ Additional Requirements: Yes (see attachment) No

Denied on: _____

Reason:

Noise Control Administrator

Date