Application for Waiver from Noise Ordinance Limits

Billings Montana Municipal Code Sec. 17-106

Name:_____ Address:_____ Phone:_____

Agency or Company:_____ Date of Event/Activity:_____

Location of Event/Activity: _____

_____

_____

Name and Contact # for Person On Location During Event:_____

Event/Activity Start Time:_____ Finish Time:_____

Description of Event/Activity: Please describe in detail the proposed activity and note any amplified or live music planned: _____

_____

_____

_____

Please check any of the following if applicable:

□ **Event in** ROW (Street) Engineering

□ **Event in Public Park** Parks

□ **Construction** (Private) Building

□ Construction (ROW) Engineering

□ Private Property Event Police

I acknowledge under penalty of law that the information contained in this Waiver Application is true and correct to the best of my knowledge. I understand that applying for a Waiver does not grant me an exemption from the noise ordinance unless the waiver is granted by the City. I understand that if granted, this Waiver may be voided immediately if this application contains any inaccurate information, or if the event or activity exceeds the scope or duration specified above. I understand that even if granted, this Waiver can be revoked at any time by law enforcement if the event or activity is deemed to be disturbing the peace of the surrounding neighborhood. I understand this Waiver must be kept at the location of the event or activity and displayed to law enforcement upon demand. I agree to abide by any conditions or restrictions required by the City. I acknowledge that this permit relates only to the noise ordinances, and that I may need additional permits from the City for Open Container and/or Alcohol Catering if the contemplated event includes alcohol use or sale.

_____ _____

Signature of Waiver applicant Date

(City Use Only)

This Noise Waiver Request is □ GRANTED □ DENIED

_____ _____ _____

Name Department Date

□ Additional Conditions/Requirements _____

_____

_____