

**Department of Public Health**

Dottie-Kay Bowersox, MSA  
Public Health Administrator

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Racine, Wisconsin 53403  
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CITY OF RACINE, WISCONSIN  
**PUBLIC HEALTH DEPARTMENT**  
*Serving the City of Racine and the  
Villages of Wind Point & Elmwood Park*

Website: [www.cityofracine.org/Health](http://www.cityofracine.org/Health)  
Email: [publichealth@cityofracine.org](mailto:publichealth@cityofracine.org)

**Environmental Health Division**  
262-636-9203  
**Community Health Division**  
262-636-9431  
**Laboratory Division**  
262-636-9571

**APPLICATION FOR TEMPORARY NOISE VARIANCE PERMIT**

**INSTRUCTIONS: PLEASE PRINT CLEARLY AND FILL IN ALL BLANKS.**

**MAKE CHECKS PAYABLE TO "CITY OF RACINE."**

**TO PAY BY CREDIT CARD, FILL OUT CARD INFORMATION ON BACK OF APPLICATION.**

RETURN WITH \$10/DAY PAYMENT TO: CITY OF RACINE PUBLIC HEALTH DEPARTMENT  
730 WASHINGTON AVE., ROOM #1, RACINE, WI 53403

**Rules and Regulations:**

1. A temporary Noise Variance Permit may be issued upon request provided that the work producing such noise is necessary to promote the public health and/or welfare and reasonable steps are taken to keep such noise at the lowest possible practical level.
2. A Temporary Noise Variance permit may be issued for special community events, such as circuses, Fourth of July celebrations and similar community events, which are limited in duration and generally acceptable to the people of the community.
3. Applications for Temporary Noise Variance Permit must be made in writing to the Health Department.
4. **NO VARIANCE PERMITS WILL BE ISSUED TO BLOCK PARTIES.**

Date of Application:		
Dates Permit is Requested:		
Name of Company or Organization:		
Time and Place of Operation:		
Equipment and Operation Involved:		
Need for such a Permit:		
Steps to be taken to minimize noise:		
Name of responsible person(s) who will be present at the operation site:		
Responsible Person Phone Number:		
<b>Date Paid:</b>	<b>Receipt #:</b>	<b>Payment Method:</b>

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
DATE OF BIRTH

**Credit card information:**

<hr/>	
<b>CREDIT CARD PAYMENT (MC OR VISA)</b>	<b>EXP DATE</b>
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<b>ZIP CODE CARD IS BILLED TO</b>	<b>CVV CODE (ON BACK OF CARD)</b>
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<b>NAME ON THE CARD</b>	