## **Department of Public Health**

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

## APPLICATION FOR TEMPORARY NOISE VARIANCE PERMIT

Pursuant to Municipal Code Chapter 22

## PRINT CLEARLY AND ANSWER ALL QUESTIONS

Return Application with Payment to the City of Racine Department of Customer Service 730 Washington Ave, Room 103, Racine, WI 53403 – Make Checks Payable to "CITY OF RACINE"

Permit Fee: \$10 Per Day

EVENT DATE(S) AND TIME(S):
NAME OF COMPANY OR ORGANIZATION:
NAME OF COME ANY ON CHOANIZATION.
PLACE OF EVENT:
EQUIPMENT:
DESCRIPTION OF EVENT:
DESCRIPTION OF EVENT.
STEPS TO BE TAKEN TO MINIMIZE NOISE:
STEPS TO BE TAKEN TO MINIMIZE NOISE.
NAME OF RESPONSIBLE PERSON(S) WHO WILL BE PRESENT:
RESPONSIBLE PERSON(S) PHONE NUMBER(S):