



Permits and Inspections Division
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Noise Exemption Application Package

ADDRESS: _____
UNIT NUMBER STREET

APPLICANT: _____
NAME

PHONE

_____ COMPANY NAME

_____ EMAIL

_____ UNIT NUMBER STREET

_____ CITY PROVINCE POSTAL CODE

CHECKLIST:

- REPORT FROM ACOUSTICAL ENGINEER LETTERS OF SUPPORT FROM PROPERTY OWNERS AFFECTED BY NOISE

EXEMPTION DETAILS:

(HOURS OF OPERATION, TYPE OF WORK, LOCATION, ETC.)

DATE RANGE: _____
DD-MM-YYYY TO DD-MM-YYYY

TIME FRAME:

MONDAY _____ WEDNESDAY _____ FRIDAY _____ SUNDAY _____
HH-MM TO HH-MM HH-MM TO HH-MM HH-MM TO HH-MM HH-MM TO HH-MM

TUESDAY _____ THURSDAY _____ SATURDAY _____
HH-MM TO HH-MM HH-MM TO HH-MM HH-MM TO HH-MM

I declare that the above information is correct. I understand the Chief Building Inspector may request additional information or place conditions as part of the permit. I have read and understand the **Waiver, Release and Indemnification Agreement** on the reverse side of this Permit Application Form, and by signing this Permit Application Form, I agree to all of the terms contained in the **Waiver, Release and Indemnification Agreement**. Permit based on scope of work, additional work shown on plans not included in the scope of work will not be reviewed. Scope of Work may be revised during plan review.

APPLICANT'S SIGNATURE:

APPROVAL

The above exemption to 3.19.(1) 3.19.(3) of the Noise Bylaw is: approved not approved

 Chief Building Inspector

 Date

Per Noise Bylaw 03-012 4.20. (2)(a)

Conditions of Approval: yes (see attached) no