

**BY-LAW 5001-05
SCHEDULE 4**

**Application for Noise Exemption
To Noise Control By-law 5001-05**

| | | |
|-----------------------|------|-------|
| Applicant Name | Last | First |
|-----------------------|------|-------|

| | | |
|--------------------------|--------|-------------|
| Applicant Address | Street | Postal Code |
|--------------------------|--------|-------------|

| |
|---------------------------------|
| Applicant's Phone Number |
|---------------------------------|

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|------------------------------|
| Group or Organization |
|------------------------------|

| |
|--------------------|
| Event Title |
|--------------------|

| | |
|---|----------------------|
| Date of Event | Time of Event |
| (If event is being held over more than one day, specify times for each day) | |

| |
|---|
| Description of Event – include the source of sound or vibration in respect of which the exemption is being sought: |
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|--|
| State the particular provision or provisions of the By-law from which the exemption is being sought |
|--|

Date

Signature

Submit to:
Clerk's Office
Township of Centre Wellington
1 Mac Donald Square, P.O. Box 10
Elora, ON N0B 1S0

Title

(519) 846-9691
email:
clerks@centrewellington.ca