

Noise or Nuisance Permit Application Form

Please note that this application form mus least forty-five (45) days prior to the da		•
Application Type (select all that apply):	☐ Noise Permit	☐ Nuisance Permit
Applicant Information		
Name:		
Organization (if applicable):		
Address:	City/Town:	
Province:	Postal Code	e:
Phone Number: En	nail Address:	
Permit Information		
Date:	Time:	
Location:		
Provide a description of the activity and th (attach additional pages if necessary):	e reasons why the p	
Submit your application form with the	s \$200 payment to	:
City of Owen Sound Briana Bloomfield, City Clerk		
808 2 nd Avenue East		
Owen Sound, ON N4K 2H4		
Payment can be made by cash, cheque, do	ebit, or credit card.	
Signature	 Date	

Personal information on this form is collected under the authority of the *Municipal Act*, 2001. The information collected will be used to process the noise and/or nuisance permit application and may form part of the public record. Questions about this collection should be addressed to Briana Bloomfield, City Clerk, at bbloomfield@owensound.ca or 519-376-4440 ext. 1247.