

VILLAGE OF HAMILTON

3 Broad Street, PO Box 119, Hamilton, NY 13346
Telephone: 315-824-1111 Fax: 315-824-0922

APPLICATION FOR SOUND VARIANCE

(THIS APPLICATION MUST BE SUBMITTED **NOT LESS THAN 21 DAYS BEFORE THE EVENT.**
PUBLIC HEARING REQUIRED PRIOR TO ACTION ON APPLICATION.)

By submitting this Application, Applicant(s) acknowledge and agree that he/she/they have read the Village Code section 109-2 excerpts attached regarding excessive sound levels, and that the Village of Hamilton will post prior public notice, including on the Village website, that a Sound Variance has been issued, including the name(s) of the Applicant(s), the address of the event, and other relevant information regarding the event and the variance issued. All sound should always be kept at an acceptable level that will not unduly disturb the surrounding community, regardless of the issuance of a sound variance.

APPLICANT NAME(S): _____

APPLICANT'S ADDRESS: _____

APPLICANT'S TELEPHONE # _____ E-MAIL: _____

DATE(S) OF THE EVENT: _____ TIME OF EVENT: _____ TO _____

ADDRESS WHERE THE EVENT WILL BE HELD: _____

DESCRIBE ACTIVITIES AND APPARATUS CREATING SOUND (Attach sketch showing placement and direction of all speakers):

NO. OF PEOPLE EXPECTED TO ATTEND: _____ MAXIMUM ANTICIPATED DECIBEL LEVELS: _____

COMMUNITY BENEFIT OF THE EVENT (if any): _____

BENEFIT OF THE EVENT TO THE APPLICANT: _____

HARDSHIP TO APPLICANT, COMMUNITY OR OTHERS IF VARIANCE IS NOT GRANTED: _____

NAMES OF PARTIES RESPONSIBLE FOR STAGING AND CONDUCT OF THE EVENT (if other than Applicants):

NAMES OF PRIMARY TENANTS OF THE PREMISES (if Tenant(s) is/are not the Applicant):

NAMES AND ADDRESS OF OWNER(S) OF THE PREMISES (if Owner is not the Applicant):

PROPERTY OWNER'S TELEPHONE # _____ E-MAIL: _____

APPLICANT SIGNATURE: _____ DATE: _____

LANDLORD SIGNATURE: _____ DATE: _____

VILLAGE BOARD APPROVAL DATE: _____ Date

Margaret Miller, Mayor