



NOISE WAIVER APPLICATION

(Note: To receive consideration, this application must be received by the City Manager's Office (501 N. Anderson Street or delafordg@ellensburgwa.gov) at least fourteen (14) days in advance of the planned date of your event.)

1. _____
Sponsoring Organization or Entity Date of Application

2. _____
Contact Person Telephone Number

Mailing Address

Email Address

3. _____
Property Owner Contact Person Telephone Number

Property Owner Email Address

4. Describe Event and Activities:

5. Specific Location(s) of Event (include street address):

(If the event will be conducted at more than one location, attach a list of all event locations and addresses)

6. Is event being held ☐ INDOORS or ☐ OUTDOORS at this location?

7. Has the property owner given permission for the event at this location? ☐ YES or ☐ No

8. Date(s) of Event: _____

9. Specific Hours of Each Event Date for Which a Noise Waiver is Requested:

Date: _____ Hours: _____

Date: _____ Hours: _____

(If the event will be conducted on more than two dates, attach a list of all event dates and the specific hours for which a waiver is requested)

STAFF REVIEW:

1. Police Department Comments: _____

Signature of Police Chief

2. City Manager's Comments: _____

Signature of City Manager

CITY ACTION: Approved ☐ Denied ☐ Referred to City Council ☐

Approved with the following Modifications: _____

Signature of Mayor (or designee)

Date: _____