



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: _____

Date: _____

Signature of Mayor (or designee)