



Noise Variance Application

Department of Public Safety Services

4600 South Main Street

Cedar Falls, IA 50613

Phone 319-273-8600

319-273-8612 (Police 24 hr.)

319-273-8622 (Fire)

Fax 319-268-5126

www.cedarfalls.com

Contact Information:

Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____ Date of Birth: _____
(mm/dd/yyyy)

Permit Requested For:

Name of Event: _____

Address of Event: _____

Group/Individual Sponsoring Event: _____

Number of Attendees: _____

Permit Time Requested: *Note: Permits cannot be issued by this agency that extend past midnight.

Start Date: _____ Start Time: _____

Finish Date: _____ Finish Time: _____

Property Owner Information:

Owner Name: _____

Owner Address: _____

Owner Phone Number: _____

Has the Property Owner been contacted about this event?

Yes No

If no, explain reason:

Have neighbors of properties adjoining the event site been contacted about this event?

Yes No

Addresses Notified:

Event / Activities:

Type of Activity:

Alcohol Present:

Yes No

Sound Information:

Devices used to amplify sound: _____

Number of devices used to amplify sound: _____

Nature of Sound:

Live Band

Amplified Stereo Music

Voices

Other – Please Specify: _____

Signature

Date

I certify that information contained in this application is true and accurate to the best of my knowledge. I understand that any false information given to me to obtain a permit can result in denial of the permit and criminal action against me for providing false information.

After your application is reviewed you will be contacted for the next step in the process. If approved you will be sent an approval notification.