

# TOWNSHIP OF LAWRENCE

2207 Lawrence Road  
Lawrence Township, New Jersey 08648

HEALTH DEPARTMENT  
(609) 844-7089

FEE \$25.00

## APPLICATION FOR NOISE CONTROL VARIANCE PERMIT

APPLICANT \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

LOCATION OF ACTIVITY \_\_\_\_\_ DATE OF ACTIVITY \_\_\_\_\_

NATURE OF ACTIVITY \_\_\_\_\_

NATURE & INTENSITY OF NOISE \_\_\_\_\_

APPLICABLE SECTION OF ORDINANCE FOR WHICH PERMIT OF VARIANCE SHALL APPLY \_\_\_\_\_

SCHEDULE OF NOISE CONTROL MEASURES WHICH SHALL BE TAKEN TO BRING SOURCE INTO COMPLIANCE WITH THIS ORDINANCE \_\_\_\_\_

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I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, AND THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE NOISE CONTROL ORDINANCE AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE NOISE OFFICER.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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**FOR OFFICE USE ONLY**

Date Application Received \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Noise Control Officer \_\_\_\_\_

Permit No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Fee Collected \_\_\_\_\_

