

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 _____

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

FOR OFFICE USE ONLY

Date Application Received _____ Approved _____ Denied _____

Noise Control Officer _____

Permit No. _____

Date Issued _____

Fee Collected _____

