



Noise Variance Application

Complete the application and return to Neighborhood & Community Services.

Email: emily.angel@bgky.org

Mail-in: Attn: Neighborhood Services

Fax-in: 270-393-3077

P.O. Box 430

Drop-off: Monday thru Friday, 7:30am – 4:30pm
707 E. Main Avenue
Bowling Green, KY 42101

Bowling Green KY 42102-0430

*Applications must be submitted at least 30 days prior to the first day of the event. Applications will be considered on a first-come, first serve basis. Incomplete applications will not be considered. To receive a permit you must complete this form and it will be pending multiple departmental reviews and our staff availability.
Please write legibly or type and fill out form completely.*

Noise Variances may not be granted for any time frame from 12:00am (Midnight) to 6:00am

PROPOSED EVENT/ACTIVITY

NAME OF EVENT: _____

DATE: _____ TIMES: _____ ESTIMATED ATTENDANCE: _____

LOCATION: _____

Applicant Name: _____ Address: _____

Telephone: _____ Email: _____

Applicant is: Owner Tenant Other (explain) _____

IF ORGANIZATION – Name of Chairperson/Executive Officer: _____

**NATURE OF EVENT/ACTIVITY – Will LIVE Music, Amplified or Recorded Music be played?
(State in Detail):**

Will alcoholic beverages be sold or served? Please Explain:

Applicant solemnly swears and affirms that all information given on this application is true and correct to the best of his/her knowledge and belief. Applicant further acknowledges and agrees that approval of the Variance does not prohibit police officers from responding to and acting on any complaints, including violations of approved noise variances.

I have read and understand the Variance, and if approved by the City Manager and/or his designee, agree to comply with all terms, conditions and restrictions imposed herein; I understand that this Variance will automatically terminate if I or those attending the approved event fail to abide by the conditions of the aforesaid variance and may subject any and all persons in attendance to the provisions of the Noise Control Ordinance.

APPLICANT SIGNATURE

DATE

If you have any questions regarding filling out the application, you may call the Neighborhoods Services Office at 270-393-3641 or email Emily.Angel@bgky.org

Office Use Only:

BOWLING GREEN POLICE DEPARTMENT:

Information Provided By: _____

Previous Complaints? (last 12 months):

NEIGHBORHOODS AND COMMUNITY SERVICES DEPARTMENT:

Per BG Ordinance 9-3.05, the following adjoining property owners have been noticed by the Neighborhoods and Community Services Department. Letters were mailed on (DATE)_____ to the following addresses:

Adjoining property owners have 7 days to file a complaint or express concern regarding the approval of this application.

FINAL ACTION BY THE CITY MANAGER AND/OR HIS DESIGNEE:

APPROVED

OR

DENIED

If APPROVED, the following conditions must be met:

Application DENIED due to the following reasons:

CITY MANAGER AND/OR HIS DESIGNEE

DATE