

**City of Denham Springs
Noise Ordinance Variance
Application**

Applicant Name _____

Contact Phone(s) _____

Email address: _____

Name of Organization _____

Type of Activity _____

Date(s) of Activity _____

Requested Hours, from _____ **am/pm to** _____ **am/pm**

Specific Location of Activity _____

List of Equipment that will make Noise _____

Note: Applicant must be present for public hearing. Please make sure you contact neighboring properties to let them know about event and date of public hearing.

Applicant Signature

Date

To be filled out by the City of Denham Springs:

Date of Public Hearing: _____

Check One:

Approved

Denied

Authorized Signature

Date

Title