

TOWNSHIP OF UXBRIDGE
NOISE EXEMPTION PERMIT APPLICATION
Pursuant to the Township of Uxbridge Noise By-law



SECTION 1: APPLICANT INFORMATION

Applicant Name: _____

Organization (if applicable): _____

Mailing Address: _____

Email: _____

Phone Number: _____

SECTION 2: EVENT/ACTIVITY DETAILS

Type of Event/Activity:

- ☐ Wedding
- ☐ Special Event
- ☐ Construction Activity
- ☐ Community Festival
- ☐ Filming
- ☐ Other (please specify): _____

Event/Activity Location (Address): _____

Property Owner (if different from applicant): _____

Start Date & Time: _____

End Date & Time: _____

Total Number of Days Requested: _____

Anticipated Noise Source(s):

- ☐ Amplified Music
 - ☐ Machinery
 - ☐ Crowd Noise
 - ☐ Fireworks
 - ☐ Other (please specify): _____
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SECTION 3: NOTICE TO NEIGHBOURS

- ☐ I understand that the Township may require notification to neighbouring properties as a condition of approval.
- ☐ I agree to provide written notice to affected neighbours if required.
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SECTION 4: SUPPORTING DETAILS

Please attach the following to your application:

- Site plan showing location of event/noise sources
 - Event schedule and description of activities
 - Any applicable permits or insurance documents
 - Owner consent letter (if applicant is not the owner)
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SECTION 5: APPLICATION FEE

Tiered fee based on submission date before event:

Submission Timeline	Fee
3+ months in advance	\$0
2-3 months in advance	\$200
1-2 months in advance	\$250
2-4 weeks in advance	\$300
Less than 72 hours in advance	\$500
Less than 6 hours in advance	\$750

Date of Submission: _____

Fee Due: \$ _____

SECTION 6: APPLICANT DECLARATION

I, the undersigned, certify that the information provided is true and complete to the best of my knowledge. I understand that approval of this application is subject to review, conditions, and compliance with the Township of Uxbridge Noise By-law. I acknowledge that staff may enforce the by-law if conditions are not met.



Signature: _____

Date: _____

SECTION 7: FOR OFFICE USE ONLY

File No.: _____

Date Received: _____

Reviewed By: _____

☐ Property Research Completed

☐ Prior Complaints Checked

☐ Notice Required ☐ Yes ☐ No

☐ Approved ☐ Denied

Conditions of Approval (if any):

Approval Authority:

☐ Director of By-law Services

☐ Designate

Signature: _____

Date of Decision: _____

For Office Use Only

GL Code for Processing: **1-13-132-0164-9331**

Description: **By-Law Exemption Fees – Noise Exemption**