

Schedule 'B'

Date of Application: _____

Name of Applicant: _____

Address: _____

Phone #: _____ Cell: _____ Fax #: _____

Date of Special Event: _____

Organization Sponsoring Event: _____

Contact: _____ Ph. No. _____

Time of Special Event: (Start) _____ (End) _____

Municipal Address of Special Event: _____

Nature of Special Event:

Special Requirements Needed:

Estimated Number of People in Attendance (per event): _____

Signature of Applicant:

Permit Approved **Permit Denied**

Signature: _____

Print Name: _____



Application must be circulated to other departments prior to approval - See Below

REVIEW CIRCULATION

For Office Use Only

Legal Description: Lot(s): _____, Blk: _____, Plan: _____, Roll #: _____

BYLAW

Type of Noise Generated by Special Event: _____

Parking / Traffic Issues: NO YES

If yes, describe:

Other Concerns / Issues: _____

Reviewed by Bylaw Officer: _____ Date: _____

FIRE

Number of people attending exceeds maximum capacity of facility? NO YES

Concerns / Issues: _____

Reviewed by Fire Chief: _____ Date: _____

FACILITY MANAGEMENT

Concerns / Issues: _____

Reviewed by Director: _____ Date: _____

Reviewed by CS Foreman: _____ Date: _____

PUBLIC WORKS

Concerns / Issues: _____

Reviewed by Director: _____ Date: _____



SCHEDULE 'C'

**TOWN OF HANNA
NOISE BYLAW #944-2008
SPECIAL EVENTS PERMIT**

APPLICANT NAME: _____

ORGANIZATION SPONSORING EVENT: _____

CONTACT NAME: _____ Ph. No. _____

CONDITIONS OF PERMIT:

Date(s) of Event: _____ Time (start)_____ (end)_____

_____ Time (start)_____ (end)_____

_____ Time (start)_____ (end)_____

Municipal Address of Special Event: _____

Legal Description: Lot(s): _____, Blk: _____, Plan: _____, Roll #: _____

Special Conditions:

NOTICE: FAILURE TO COMPLY WITH THE TERMS AND CONDITIONS SET OUT ON THE FACE OF THIS PERMIT SHALL RENDER SUCH PERMIT NULL AND VOID.

Signature of Applicant: _____

APPROVED: _____ DATE: _____

FORWARD A COPY OF ALL APPROVED PERMITS TO MUNICIPAL ENFORCEMENT

Copy of Permit faxed to RCMP: Yes No