



**Noise Special Permit Application**  
**City Clerk's Office**  
**301 Washington Ave., Bay City, MI 48708**  
**989-894-8168**

**Fee \$25.00**

**NOTE:** A noise special permit will only be considered if the applicant has demonstrated bringing the source of sound for which the special permit is sought into compliance with Chapter 54, Section 54-50 – Decibel Standard 1) constitutes an unreasonable hardship on the applicant, community or other persons; 2) the noise does not endanger the public health safety or welfare; and 3) compliance with the provisions of this ordinance from which a waiver is sought would produce serious economic hardship without producing substantial benefit to the public.

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company and/or Organizations: \_\_\_\_\_

Address: \_\_\_\_\_

Days and times of operations including the number of shifts: \_\_\_\_\_

Location of noise on the property: \_\_\_\_\_

Indicate physical characteristics of the involved sound: \_\_\_\_\_

Time range (i.e. 10:00 p.m. through 7:00 a.m.) in which the noise special permit is sought: \_\_\_\_\_

Indicate any noise reducing measures you have completed to date in order to bring this property into compliance.

Attach additional documentation as necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate why complying with Section 54-50 – Decibel Standard would create an unreasonable hardship to you. Attached additional documentation as necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that all statements and information contained in this application are true.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**