



DEPARTMENT OF PUBLIC HEALTH
CITY HALL – 209 PEARL ST
COUNCIL BLUFFS IA
712-328-4666

NOISE VARIANCE REQUEST

APPLICATION DATE: _____

REQUESTING PERSON:

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

*Email Address: _____

ORGANIZATION/EVENT _____

EVENT LOCATION _____

EVENT DATE _____

EVENT TIME _____

EXPLAIN SOURCE OF NOISE AND SPECIFIC HOURS OF NOISE

*Letters of approval may be required from surrounding residents/businesses.

APPROVED ()

DISAPPROVED ()

or

APPROVED WITH STIPULATION ()

The Police have the authority to cease music or require reduction of volume for the remainder of event if complaints are received.

Board of Health

Date