Department of Public Health

Dottie-Kay Bowersox, MSA Public Health Administrator 730 Washington Avenue Racine, Wisconsin 53403 262-636-9201 262-636-9165 FAX



Website: www.cityofracine.org/Health@cityofracine.org/
Email: publichealth@cityofracine.org/

Environmental Health Division 262-636-9203 Community Health Division 262-636-9431 Laboratory Division 262-636-9571

APPLICATION FOR TEMPORARY NOISE VARIANCE PERMIT

Pursuant to Municipal Code Chapter 42

Return application with payment to the City of Racine Department of Customer Service 730 Washington Ave, Room 103, Racine, WI 53403 – Make checks payable to "CITY OF RACINE"

EVENT DATE(S) AND TIME(S)	
NAME OF COMPANY OR ORGANIZA	TION
PLACE OF EVENT	
EQUIPMENT	
DESCRIPTION OF EVENT	
STEPS TO BE TAKEN TO MINIMIZE N	NOISE
NAME OF RESPONSIBLE PERSON(S) WHO WILL BE PRESENT
RESPONSIBLE PERSON(S) PHONE N	NUMBER(S)
Permit Fee	\$
Other Fees (if applicable)	<u>\$</u>
Total Paid \$	