



Delta Charter Township
7710 West Saginaw Highway
Lansing, MI 48917
517-323-8590

NOISE WAIVER REQUEST Sound Amplifying Equipment (SAE)

APPLICATION FOR A WAIVER OF RELIEF FROM THE NOISE LEVEL DESIGNATED IN ARTICLE V OF CHAPTER 14 (NOISE CONTROL) OF THE DELTA CHARTER TOWNSHIP CODE OF ORDINANCES.

Date Submitted: _____ (must be at least two (2) weeks prior to the date of request)

Name of Organization/Individual Using Equipment: _____

Address Where Equipment will be used:

Contact Name: _____ Phone: _____

Mailing Address: _____

Purpose of using SAE: _____

On site (24 hour contact) Name: _____ **Mobile #:** _____

On site (24 hour contact) Name: _____ **Mobile #:** _____

Please circle one: **Stationary** or **Mobile**

If mobile, license and vehicle numbers: _____

Date(s) Waiver is needed: _____ Hours Waiver is needed: _____

Maximum sound producing power of SAE, including wattage and volume in decibels of sound, which will be produced: _____

Approximate distance from which sound will be audible from SAE: _____

Please submit request to the Delta Township Manager's Office two weeks prior to the date of request.

**Additional information on backside.*

Applications may be made to the Township Board or its duly authorized representatives on the basis of undue hardship. Relief may be granted as applied for if one of the following is found:

1. That additional time is necessary for the applicant to alter or modify his/her activity or operation to comply with this article; or
2. The activity, operation or noise source will be of temporary duration, and cannot be done in a manner that would comply with other subsections of this section; and
3. That no other reasonable alternative is available to the applicant.

The Township Board may prescribe any conditions or requirements deemed necessary to minimize adverse effects upon the community or the surrounding neighborhood.

SIGNATURE OF APPLICANT DATE

OFFICE USE ONLY

APPLICATION FEE: \$50 PAID ___/___/___ RECEIPT NO. _____

APPROVED BY THE TOWNSHIP BOARD ___/___/___

APPROVED FOR THE FOLLOWING DATES: _____