

Application to hold a non-complying noise event

Environmental Protection (Noise) Regulations 1997

APPLICANT/S – Each applicant to provide these details

Family name: _____ Other names: _____

Postal address: _____

Phone numbers (H): _____ (W): _____

Mobile: _____ Fax number: _____

Email: _____

I / We hereby make application to hold a non-complying noise event as described below:

DETAILS OF EVENT:

Type of Event: _____

Name of Premises: _____

Address of Premises: _____

Types of Entertainment to be provided: _____

Date of Event: _____

Start and Completion times: _____

Date of Event: _____

I have attached the following information to support my application:

1. Plan of event including stage position, orientation of stage and speaker system, lighting towers, setbacks from property boundaries and distances to adjacent premises.
2. Application fee of \$1000.00

DECLARATION – Making a false statement may be an offence

I/We declare that all details in this form are true and correct.

Signature of applicant/s: _____ Date: ____/____/____

Please return completed form to:

Health Services
City of Mandurah
PO Box 210
MANDURAH WA 6210

Phone: 9550 3746 (Health Services)
Facsimile: 9550 3888
Customer Services: 9550 3777
Email: health@mandurah.wa.gov.au
Office Location: 3 Peel Street, Mandurah