



TOWNSHIP OF LAWRENCE

HEALTH DEPARTMENT
2207 LAWRENCE ROAD
LAWRENCE TOWNSHIP, NEW JERSEY 08648
(609) 844-7089



Public Health
Prevent. Promote. Protect.
Lawrence Township Health Department

APPLICATION FOR NOISE CONTROL VARIANCE PERMIT

Fee \$ 25.00

APPLICANT _____ DATE OF APPLICATION _____

ADDRESS _____ TELEPHONE NO. _____

LOCATION OF ACTIVITY _____ DATE OF ACTIVITY _____

TYPE OF ACTIVITY _____

NATURE & INTENSITY OF NOISE _____

APPLICABLE SECTION OF ORDINANCE FOR WHICH PERMIT OF VARIANCE SHALL APPLY _____

NOISE CONTROL MEASURES WHICH WILL BE TAKEN TO BRING SOURCE INTO COMPLIANCE WITH THIS ORDINANCE

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, AND THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE NOISE CONTROL ORDINANCE AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE NOISE OFFICER.

Signature

Date

Title

FOR OFFICE USE ONLY

Approved Denied

Date Application Received _____

Noise Control Officer _____

Permit No. _____

Date Issued _____

Fee Collected _____