

# Application for Temporary Noise Permit



City of Waconia  
201 South Vine Street  
Waconia, MN 55387  
Phone: 952-442-2184  
Fax: 952-442-2135  
www.waconia.org

Date:   
Permit Number:

## Property Owner Information

Site Address:   
Name/Company:   
Address:   
City:  State:  Zip:   
Phone:  Email:

## Contact Information

Name/Company:   
Address:   
City:  State:  Zip:   
Phone:  Email:   
Alt. Phone:

## Event Information

Describe the reason, nature of event, time period requested and provide the specific location of where the event will take place with site or area map.

Name of Event:   
Description of Event:   
Start Date of Event:   
End Date of Event:

**Permits for Twenty-four (24) Hours and Less:** The applicant must notify all property owners within 350 feet of the boundaries of the property for which the permit is issued. The notification must be in advance of the event and provide information on the date, time and type of event for which the permit was issued

**Permit for Over Twenty-four (24) Hours:** the applicant must submit, with the application, a set of address labels for all property owners within 350 feet of the boundaries of the property for which the permit is issued. The names and addresses must be officially prepared by the county auditor's office or other source approved by the City. Applications with address labels must be received by the City fourteen (14) days prior to the event to be considered for a permit. The City shall use the labels to mail notification of the requested event to the neighboring property owners. The City will wait seven (7) days after the day the notifications are mailed before the permit is considered for approval so that those notified can provide comments regarding the proposed permit.

Applicant Signature:  Date:

Office Use Only

Date Received:  Fee:   
Approval Signature:  Receipt #:   
Approval Date: