

APPLICATION FOR SPECIAL VARIANCE

Bowling Green Code of Ordinances 9-3.06 (copy attached)

1. **Name / Organization:** _____

2. **Address:** _____

3. **Telephone** () _____

4. **Name of Applicant** (if not same as # 2) _____

5. **Address of which variance is requested** (if not same as # 2)

6. **Applicants interest in above listed property address:**

Owner Tenant Other (explain) _____

7. **Date of Special Variance request:** _____

from _____ a.m. / pm to _____ a.m. / pm

8. **Describe, in detail, the activity and source of sound for which a Special Variance is requested:**

9. **List the names and addresses of all adjoining property owners / occupants.**

(Adjoining means, those on either side of, across the street from and behind the address where the request is being made for.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify that I am authorized to make this application on behalf of the applicant and that the statements in the forgoing application are true to the best of my knowledge and behalf. If variance is granted, I agree to comply with all the terms and condition of the special variance hereinabove.

Signature

Date

IF APPROVED, A COPY OF THIS APPLICATION WILL BE SENT TO YOU AND IT WILL NEED TO BE KEPT ON HAND DURING THE EVENT

Return application to: City Central Office, P.O. Box 430, Bowling Green, KY 42102-0430 / Phone (270) 393-3444

FOR OFFICE USE ONLY

A special variance is granted as follows:

- 1. Applicant: _____
- 2. Address: _____
- 3. Date: _____
Time: _____
- 4. Noise level: 90 d(B)
- 5. Activity: _____
- 6. Source of sound: _____
- 7. Other conditions: _____

_____ I hereby **AUTHORIZE** this application request.

_____ I hereby **AUTHORIZE** this application request
with the following stipulations / changes

_____ I hereby **DENY** this application request.

Charles W. Coates, City Manager

Date