



# Application for a Noise By-law Exemption

This form is authorized under By-law 2002-09

Form BL574

For use by Principal Authority	
Application number: PRNBR20230000629	Exemption number (if different):
Date received:	Roll number:

Application submitted to:

**TOWN OF THE BLUE MOUNTAINS**

32 Mill Street Box 310, Thornbury, ON

Tel: (519) 599-3131 Toll Free: 1-888-258-6867 ext. 249

[bylawinfo@thebluemountains.ca](mailto:bylawinfo@thebluemountains.ca)

[www.thebluemountains.ca](http://www.thebluemountains.ca)

A. Event Location (Location of the event relief is being requested)			
Building number, street name	198 Scenic Caves Rd.	Unit number	Lot/con.
Postal code	L9Y 0V2	Plan number/other description	
B. Applicant			
Applicant is:	<input type="checkbox"/> Owner or <input checked="" type="checkbox"/> Authorized agent of owner		
Last name	BAILEY	First name	KAITLIN
Corporation or partnership		BLUE MOUNTAIN RESORTS LP	
Street address	190 GORD CANNING DRIVE	Unit number	Lot/con.
Municipality	TOWN OF BLUE MOUNTAINS	Postal code	L9Y 3Z2
Province	ONTARIO		
Telephone number (705)	445-0231	Fax (705)	444-1751
C. Owner (if different from applicant)			
Last name	BLUE MOUNTAIN RESORT	First name	
Corporation or partnership		BLUE MOUNTAIN RESORT	
Street address	190 GORD CANNING DRIVE	Unit number	Lot/con.
Municipality	TOWN OF BLUE MOUNTAINS	Postal code	L9Y 3Z2
Province	ONTARIO		
Telephone number (705)	443-0231	E-Mail	
D. Event Type (Other events may be considered at the sole discretion of Council)			
<input type="checkbox"/> Charitable Event	<input type="checkbox"/> Wedding/ Family Gathering	<input type="checkbox"/> Construction Related	<input checked="" type="checkbox"/> Other
E. Event Details			
Event Name (if applicable):	Date of the Event:	Time of the Event:	
Meridian Credit Union Senior Leadership Retreat	Thursday, October 5th	5:00PM - 8:00PM	
Does the Event promote charitable, educational or community objectives?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Does the Event support the community provincially, nationally or internationally?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Is the Event financially supported by the Town?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Have there been any prior noise by-law infractions associated with this event?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Description of the source of sound:			
DJ/ AMPLIFIED SOUND			
Proposed provisions to mitigate impact of noise to affected residential premises:			
NATURAL SURROUNDINGS - TREES, ROCK WALL, ETC.			
Reasons the noise by-law exemption should be support (in the applicant's opinion)			
SUPPORTING LOCAL BUSINESSES			
F. Declaration of Applicant (Note: if owner is not the applicant attach the "Authorization to Act as Agent" form)			
I, KAITLIN BAILEY		certify that:	
(print name)			
the information contained in this application; attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.			
07/24/2023			
Date		Signature of applicant	
Note:			
1. Every application for an exemption shall be submitted a minimum of eight (8) weeks in advance of the proposed event.			
2. Every person who contravenes any provision of the Noise By-law NO. 2002-09, as amended is guilty of an offence and on conviction is liable to a penalty as provided in the Provincial Offences Act.			