



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:	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 www.thebluemountains.ca

A. Event Location (Location of the event relief is being requested)			
Building number, street name	201 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
Street address		Corporation or partnership	
190 GORD CANNING DRIVE		BLUE MOUNTAIN RESORTS LP	
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	
Street address		Corporation or partnership	
190 GORD CANNING DRIVE		BLUE MOUNTAIN RESORT	
Municipality	TOWN OF BLUE MOUNTAINS	Postal code	L9Y 3Z2
Province	ONTARIO		
Telephone number (705)	443-0231		
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:	
Wise Publishing Team Off Site	September, 11 2024	6:00pm - 9:00pm	
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			
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, <u>KAITLIN BAILEY</u>		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.			
<u>05/27/24</u>		_____	
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 N0. 2002-09, as amended is guilty of an offence and on conviction is liable to a penalty as provided in the <i>Provincial Offences Act</i> .			



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A. Event Location (<i>Location of the event relief is being requested</i>)			
Building number, street name	201 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
Street address		Unit number	Lot/con.
190 GORD CANNING DRIVE			
Municipality	TOWN OF BLUE MOUNTAINS	Postal code	L9Y 3Z2
Province	ONTARIO		
Telephone number (705)	445-0231	Fax (705)	444-1751
C. Owner (<i>if different from applicant</i>)			
Last name	BLUE MOUNTAIN RESORT	First name	
Street address		Unit number	Lot/con.
190 GORD CANNING DRIVE			
Municipality	TOWN OF BLUE MOUNTAINS	Postal code	L9Y 3Z2
Province	ONTARIO		
Telephone number (705)	443-0231		
D. Event Type (<i>Other events may be considered at the sole discretion of Council</i>)			
<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:	
Faire Company Offsite	September, 24 2024	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			
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 (<i>Note: if owner is not the applicant attach the "Authorization to Act as Agent" form</i>)			
I, <u>KAITLIN BAILEY</u> 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.			
<u>05/27/24</u>		_____	
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 N0. 2002-09, as amended is guilty of an offence and on conviction is liable to a penalty as provided in the <i>Provincial Offences Act</i> .			



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A. Event Location (Location of the event relief is being requested)	
Building number, street name 201 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	

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): Faire Company Offsite	Date of the Event: September, 25 2024
	Time of the Event: 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

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:
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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.

05/27/24 _____
 Date Signature of applicant

- Note:**
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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:	
Cordelio Power 2024 Annual Gathering	October, 9 2024	5:00pm - 9:00pm	
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			
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)			
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Building number, street name: 201 Scenic Caves Rd.
Postal code: L9Y 0V2
B. Applicant
Applicant is: [] Owner or [x] Authorized agent of owner
Last name: BAILEY First name: KAITLIN
Street address: 190 GORD CANNING DRIVE
Municipality: TOWN OF BLUE MOUNTAINS
C. Owner (if different from applicant)
Last name: BLUE MOUNTAIN RESORT
Street address: 190 GORD CANNING DRIVE
Municipality: TOWN OF BLUE MOUNTAINS
D. Event Type
[] Charitable Event [] Wedding/ Family Gathering [] Construction Related [x] Other
E. Event Details
Event Name: WeirFoulds LLP Associates and Partners Retreat
Date of the Event: October, 25 2024
Time of the Event: 5:00pm - 9:00pm
Description of the source of sound: DJ
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
I, KAITLIN BAILEY, certify that:
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Date: 05/27/24 Signature of applicant:
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