



Eliza Mouselle						Fo	rm BL574	
	For use by Principal A							
Application number: Exemption number			ption number (if o	if different):				
Date received:		Roll r	number:					
Application submitted to:	OWN OF THE BLUE MO	UNTA	AINS					
32	Mill Street Box 310, Ti	hornb	ury, ON					
, , ,	99-3131 Toll Free: 1-88							
bylawinfo@theblu			hebluemountair	is.ca				
A. Event Location (Location of the event Building number, street name 201 Scenic	Caves Rd.	<u>)                                    </u>	Unit number	Lot	/con.			
Postal code L9Y 0V2		F	l Plan number/other	desc	ription			
B. Applicant Applicant is:	Owner or 🗸	Aut	horized agent of	own	er			
Last name BAILEY	First name KAITLIN		Corporation or par	tnersh	nip			
			BLUE MOUNTAIN RES		_P number	Lot/con		
Street address 190 GORD CANNING			De et el en de					
Municipality TOWN OF BLUE MOUN			Postal code 9Y 3Z2	Prov	ince ONT	ARIO		
Telephone number (705) 445-0231	Fax (705) 444-1751	l						
C. Owner (if different from applicant)							-	
Last name BLUE MOUNTAIN RESORT	. First name		Corporation or par		nip			
Street address 190 GORD CANNING			BLUE MOUNTAIN RESC		number	Lot/con		
Municipality TOWN OF BLUE MOUN			Postal code	Prov	ince ONT	ARIO		
Telephone number (705) 443-0231	TAINS	L	9Y 3Z2		ONT	ARIO		
D. Event Type (Other events may be con	sidered at the sole discre	etion (	of Council)					
Charitable Event We	edding/ Family Gathering		Construction I	Relate	ed	✓ (	Other	
E. Event Details								
Event Name (if applicable):		Date	of the Event:		of the Eve			
Wise Publishing Team Off Site		Septe	ember, 11 2024	6:0	0pm - 9:0	00pm		
Does the Event promote charitable, educational	or community objectives?			_[	Yes	✓	No	
Does the Event support the community provincis	ally, nationally or internation	nally?			Yes	✓	No	
Is the Event financially supported by the Town?					Yes	✓	No	
Have there been any prior noise by-law infraction	ons associated with this eve	nt?		[	Yes	✓	No	
Description of the source of sound:								
DJ								
Proposed provisions to mitigate impact of noise	to affected residential pren	nises:						
NATURAL SURROUNDINGS - TRE								
Reasons the noise by-law exemption should be	support (in the applicant's	opinio	n)					
SUPPORTING LOCAL BUSINESS	ES							
F. Declaration of Applicant (Note: if owner	er is not the applicant attach	the "/	Authorization to A	ct as A	Agent" form)			
KAITLIN BAILEY					Q	ertify 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.								
05/27/24								
Date			Signature of	applics	ant			
Note:			o.gnataro or	ppiioc				
1000								

- 1. Every application for an exemption shall be submitted a minimum of eight (8) weeks in advance of the proposed event.
- 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 *Provincial Offences Act*.

Form BL574



EMO					
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 9) 599-3131 Toll Free: 1-888-258-6867

	99-3131 Toll Free: 1-88								
bylawinfo@theblu			<u>r.thebluemountair</u>	is.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	ou roo r tu.	Т	Plan number/other	r desc	crip	tion			
B. Applicant Applicant is:	Owner or	Au	thorized agent of	own	er				
Last name BAILEY	First name KAITLIN		Corporation or par						
Street address 190 GORD CANNING			BLUE MOUNTAIN RES			mber	Lot/o	on.	
Municipality TOWN OF BLUE MOUN			Postal code	Prov	rinc	e ONT	A DI	$\cap$	
Telephone number (705) 445-0231	Fax 444 1754		L9Y 3Z2			ONT	ANI		
(705) 445-023 I  C. Owner (if different from applicant)	(705) 444-1751	<u> </u>							
Last name BLUE MOUNTAIN RESORT	First name		Corporation or par		hip				
Street address 190 GORD CANNING	DRIVE		BLUE MOUNTAIN RESC		nui	mber	Lot/o	on.	
Municipality TOWN OF BLUE MOUN			Postal code L9Y 3Z2	Prov	inc	e ONT	ARI	0	
Telephone number (705) 443-0231			L91 322					Ī	
D. Event Type (Other events may be cons	L sidered at the sole discre	etion	of Council)						
	edding/ Family Gathering		Construction	Relate	ed		1	0	ther
E. Event Details									
Event Name (if applicable):		Date	e of the Event:	Time	e o	f the Eve	nt:		
Faire Company Offsite		Sep	tember, 24 2024	5:0	)Op	om - 8:0	00pn	n	
Does the Event promote charitable, educational	or community objectives?					Yes		✓	No
Does the Event support the community provincially, nationally or internationally?  Yes  V No						No			
Is the Event financially supported by the Town?									
Have there been any prior noise by-law infractions associated with this event?									
Description of the source of sound:									
DJ									
Proposed provisions to mitigate impact of noise	to affected residential pren	nises	:						
NATURAL SURROUNDINGS - TRE	ES, ROCK WALL, I	ETC	<b>)</b> .						
Reasons the noise by-law exemption should be	support (in the applicant's	opini	on)						
SUPPORTING LOCAL BUSINESS	ES .								
F. Declaration of Applicant (Note: if owner	r is not the applicant attacl	h the	"Authorization to A	ct as i	Age	ent" form)			
KAITLIN BAILEY						ce	ertify t	hat:	
(print name)									
the information contained in this application; atta documentation is true to the best of my knowled corporation or partnership.								l the	•
05/27/24									
Date Signature of applicant									
Note:									
Every application for an exemption sha	ll be submitted a minimum	n of e	eight (8) weeks in a	advan	се	of the pro	posed	l ev	ent.

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.

Personal information contained in this form and schedules is collected under the authority of the Municipal Freedom of Information and Privacy Act and will be used in the administration and enforcement of the Short Term Accommodation Licensing By-law. Questions about the collection of personal information may be addressed to the Manager, Building & By-Law Services or The Town Clerk, Town of The Blue Mountains, 32 Mill Street, Thombury, ON N0H 2P0 (519) 599-3131.





Form BL574

For use by Principal A	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		ns.ca					
Building number, street name 201 Scenic Caves Rd.	Unit number	Lot/con.					
Postal code L9Y 0V2	Plan number/othe	r description					
B. Applicant Applicant is: Owner or							
Last name BAILEY First name KAITLIN	Corporation or pa						
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) 444-175	1						
C. Owner (if different from applicant)							
Last name BLUE MOUNTAIN RESORT First name	Corporation or pa	ORT					
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 discr	retion of Council)						
Charitable Event Wedding/ Family Gathering	Construction	Related   Other					
E. Event Details							
Event Name (if applicable):	Date of the Event:	Time of the Event:					
Faire Company Offsite	September, 25 2024	5:00pm - 8:00pm					
Does the Event promote charitable, educational or community objectives?  Yes  V No							
Does the Event support the community provincially, nationally or internationally?  Yes  No							
Is the Event financially supported by the Town?  Yes ✓ No							
Have there been any prior noise by-law infractions associated with this evo Description of the source of sound:	ent?	Yes ✓ No					
DJ							
Proposed provisions to mitigate impact of noise to affected residential premises:							
NATURAL SURROUNDINGS - TREES, ROCK WALL,							
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 attac	h the "Authorization to A	Act as Agent" form)					
KAITLIN BAILEY		certify that:					
(print name)		Cortily triat.					
the information contained in this application; attached schedules, attached documentation is true to the best of my knowledge. If the owner is a corpo corporation or partnership.							
05/27/24							
Date Signature of applicant							
Note:							
Every application for an exemption shall be submitted a minimun	n of eight (8) weeks in	advance of the proposed event.					
Every person who contravenes any provision of the Noise By-law conviction is liable to a penalty as provided in the <i>Provincial Offer</i>		ded is guilty of an offence and on					



# Application for a Noise By-law Exemption This form is authorized under By-law 2002-09

Form BL574

MO					
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	descrip	otion		
B. Applicant Applicant is:	Owner or ✓	Au	ithorized agent of	owner			
Last name BAILEY	First name KAITLIN		Corporation or par BLUE MOUNTAIN RES		į		
Street address 190 GORD CANNING [			DEDE MOOITIANTIAL	Unit number Lot/con.			
Municipality TOWN OF BLUE MOUNT	ΓAINS		Postal code L9Y 3Z2	Province ONTARIO			
Telephone number (705) 445-0231	Fax (705) 444-175	1					
C. Owner (if different from applicant)							
Last name BLUE MOUNTAIN RESORT	First name		Corporation or par BLUE MOUNTAIN RESC		,		
Street address 190 GORD CANNING I				Unit nu		Lot/con	
Municipality TOWN OF BLUE MOUN	TAINS		Postal code L9Y 3Z2	Provin	ont	ARIO	
Telephone number (705) 443-0231							
D. Event Type (Other events may be const	idered at the sole discr	etion	of Council)				
	dding/ Family Gathering		Construction	Related		<b>√</b> (	Other
E. Event Details		-					
Event Name (if applicable):			e of the Event:		of the Eve		
Cordelio Power 2024 Annual Gatherin	ng	Oct	tober, 9 2024	5:00	pm - 9:0	00pm	
Does the Event promote charitable, educational or community objectives?						No	
Does the Event support the community provincially, nationally or internationally?			?		Yes	✓	No
Is the Event financially supported by the Town?					Yes	✓	No
Have there been any prior noise by-law infractions associated with this event? Yes ✓ No					No		
Description of the source of sound:							
DJ							
Proposed provisions to mitigate impact of noise to affected residential premises:							
NATURAL SURROUNDINGS - TRE	ES, ROCK WALL,	ETC	<b>)</b> .				
Reasons the noise by-law exemption should be s	support (in the applicant's	opini	on)				
SUPPORTING LOCAL BUSINESSE	S						
F. Declaration of Applicant (Note: if owner	is not the applicant attac	h the	"Authorization to A	ct as Ag	ent" form)	)	
KAITLIN BAILEY					C	ertify 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.							
05/27/24							
Date			Signature of	applicant	1		
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 Provincial Offences Act.



# Application for a Noise By-law Exemption This form is authorized under By-law 2002-09

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		con.		
Postal code L9Y 0V2 Plan number/other description							
B. Applicant Applicant is:	Owner or	✓ A	uthorized agent of				
Last name BAILEY	First name KAIT	LIN	Corporation or par BLUE MOUNTAIN RES				
Street address 190 GORD CANNING					umber	Lot/con	
Municipality TOWN OF BLUE MOUN	ITAINS		Postal code L9Y 3Z2	Provi	nce ONT	ARIO	
Telephone number (705) 445-0231	Fax (705) 444-	1751					
C. Owner (if different from applicant)				1			
Last name BLUE MOUNTAIN RESORT	First name		Corporation or par BLUE MOUNTAIN RESO		ip		
Street address 190 GORD CANNING					umber	Lot/con	١.
Municipality TOWN OF BLUE MOUN			Postal code L9Y 3Z2	Provi	ont	TARIO	
Telephone number (705) 443-0231							
D. Event Type (Other events may be con	sidered at the sole	e discretio	n of Council)				,
Charitable Event We	edding/ Family Gath	ering	Construction	Related	d	✓ (	Other
E. Event Details							
Event Name (if applicable):			te of the Event:		of the Eve		
WeirFoulds LLP Associates and Par	tners Retreat	Oc	tober, 25 2024	5:00	0pm - 9:	00pm	
Does the Event promote charitable, educational	or community object	ctives?			Yes	✓	No
Does the Event support the community provincially, nationally or internationally?						No	
Is the Event financially supported by the Town?						No	
Have there been any prior noise by-law infraction	Have there been any prior noise by-law infractions associated with this event? Yes ✓ No						
Description of the source of sound:							
DJ							
Proposed provisions to mitigate impact of noise	to affected resident	ial premise	s:				
NATURAL SURROUNDINGS - TRE		·					
Reasons the noise by-law exemption should be	support (in the appl	licant's opin	nion)				
SUPPORTING LOCAL BUSINESS	ES						
F. Declaration of Applicant (Note: if owner is not the applicant attach the "Authorization to Act as Agent" form)							
KAITLIN BAILEYcertify 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.							
05/07/04							
05/27/24							
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 Ry law NO 2002-00, as amended is quilty of an offence and on							

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conviction is liable to a penalty as provided in the Provincial Offences Act.