



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		Unit number	Lot/con.
201 Scenic Caves Rd.			
Postal code		Plan number/other description	
L9Y 0V2			
B. Applicant			
Applicant is:		<input type="checkbox"/> Owner or <input checked="" type="checkbox"/> Authorized agent of owner	
Last name		First name	Corporation or partnership
BAILEY		KAITLIN	BLUE MOUNTAIN RESORTS LP
Street address		Unit number	Lot/con.
190 GORD CANNING DRIVE			
Municipality		Postal code	Province
TOWN OF BLUE MOUNTAINS		L9Y 3Z2	ONTARIO
Telephone number (705)		Fax (705)	
445-0231		444-1751	
C. Owner (if different from applicant)			
Last name		First name	Corporation or partnership
BLUE MOUNTAIN RESORT			BLUE MOUNTAIN RESORT
Street address		Unit number	Lot/con.
190 GORD CANNING DRIVE			
Municipality		Postal code	Province
TOWN OF BLUE MOUNTAINS		L9Y 3Z2	ONTARIO
Telephone number (705)		E-Mail	
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:
Esri Canada Tech Trek 2025		June 12, 2025	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:	
(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.			
03/11/2025			
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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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
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:	
Primaris Retreat - June 2025	June 16, 2025	5:00pm - 11:00pm	
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			
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I, KAITLIN BAILEY		certify that:	
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03/11/2025			
Date		Signature of applicant	
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Postal code	L9Y 0V2	Plan number/other description	
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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		
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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	E-Mail	
D. Event Type (Other events may be considered at the sole discretion of Council)			
<input type="checkbox"/> Charitable Event <input checked="" type="checkbox"/> Wedding/ Family Gathering <input type="checkbox"/> Construction Related <input type="checkbox"/> Other			
E. Event Details			
Event Name (if applicable):	Date of the Event:	Time of the Event:	
Downey and Espinosa Wedding	June 20, 2025	4:00pm - 1:00am	
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/WEDDING			

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03/11/2025

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Signature of applicant

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201 Scenic Caves Rd.			
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L9Y 0V2			
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Applicant is:		<input type="checkbox"/> Owner or <input checked="" type="checkbox"/> Authorized agent of owner	
Last name		First name	Corporation or partnership
BAILEY		KAITLIN	BLUE MOUNTAIN RESORTS LP
Street address		Unit number	Lot/con.
190 GORD CANNING DRIVE			
Municipality		Postal code	Province
TOWN OF BLUE MOUNTAINS		L9Y 3Z2	ONTARIO
Telephone number (705)		Fax (705)	
445-0231		444-1751	
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Last name		First name	Corporation or partnership
BLUE MOUNTAIN RESORT			BLUE MOUNTAIN RESORT
Street address		Unit number	Lot/con.
190 GORD CANNING DRIVE			
Municipality		Postal code	Province
TOWN OF BLUE MOUNTAINS		L9Y 3Z2	ONTARIO
Telephone number (705)		E-Mail	
443-0231			
D. Event Type (Other events may be considered at the sole discretion of Council)			
<input type="checkbox"/> Charitable Event <input checked="" type="checkbox"/> Wedding/ Family Gathering <input type="checkbox"/> Construction Related <input type="checkbox"/> Other			
E. Event Details			
Event Name (if applicable):		Date of the Event:	Time of the Event:
Carruthers and Riddell Wedding		July 4, 2025	4:00pm - 1:00am
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/Band			
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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190 GORD CANNING DRIVE		BLUE MOUNTAIN RESORTS LP	
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<input type="checkbox"/> Charitable Event <input checked="" type="checkbox"/> Wedding/ Family Gathering <input type="checkbox"/> Construction Related <input type="checkbox"/> Other			
E. Event Details			
Event Name (if applicable):		Date of the Event:	Time of the Event:
Reza Manriquez & Ortega Wedding		August 1, 2025	4:00pm - 1:00am
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/Band			
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BAILEY		KAITLIN	BLUE MOUNTAIN RESORTS LP
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190 GORD CANNING DRIVE			
Municipality		Postal code	Province
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Telephone number (705)		Fax (705)	
445-0231		444-1751	
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Last name		First name	Corporation or partnership
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190 GORD CANNING DRIVE			
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443-0231			
D. Event Type (Other events may be considered at the sole discretion of Council)			
<input type="checkbox"/> Charitable Event <input checked="" type="checkbox"/> Wedding/ Family Gathering <input type="checkbox"/> Construction Related <input type="checkbox"/> Other			
E. Event Details			
Event Name (if applicable):		Date of the Event:	Time of the Event:
Google Canada 2025 Offsite		August 11, 2025	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/Band			
Proposed provisions to mitigate impact of noise to affected residential premises:			
NATURAL SURROUNDINGS - TREES, ROCK WALL, ETC.			
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(print name)			
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<u>04/14/2025</u>			
Date		Signature of applicant	
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190 GORD CANNING DRIVE			
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D. Event Type (Other events may be considered at the sole discretion of Council)			
<input type="checkbox"/> Charitable Event <input checked="" type="checkbox"/> Wedding/ Family Gathering <input type="checkbox"/> Construction Related <input type="checkbox"/> Other			
E. Event Details			
Event Name (if applicable):	Date of the Event:	Time of the Event:	
Collins and Lehmann Wedding	August 22, 2025	4:00pm - 1:00am	
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		
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E. Event Details			
Event Name (if applicable):		Date of the Event:	Time of the Event:
Cdn Nuclear Society WM Conf NWMDER 2025		August 26, 2025	4:00pm - 11:00pm
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
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(print name)			
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<u>03/11/2025</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> .			



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		Unit number	Lot/con.
201 Scenic Caves Rd.			
Postal code		Plan number/other description	
L9Y 0V2			

B. Applicant			
Applicant is:		<input type="checkbox"/> Owner or <input checked="" type="checkbox"/> Authorized agent of owner	
Last name		First name	
BAILEY		KAITLIN	
Street address		Corporation or partnership	
190 GORD CANNING DRIVE		BLUE MOUNTAIN RESORTS LP	
Municipality		Postal code	Province
TOWN OF BLUE MOUNTAINS		L9Y 3Z2	ONTARIO
Telephone number (705)		Fax (705)	
445-0231		444-1751	

C. Owner (if different from applicant)			
Last name		First name	
BLUE MOUNTAIN RESORT			
Street address		Corporation or partnership	
190 GORD CANNING DRIVE		BLUE MOUNTAIN RESORT	
Municipality		Postal code	Province
TOWN OF BLUE MOUNTAINS		L9Y 3Z2	ONTARIO
Telephone number (705)		E-Mail	
443-0231			

D. Event Type (Other events may be considered at the sole discretion of Council)			
<input type="checkbox"/> Charitable Event	<input checked="" type="checkbox"/> Wedding/ Family Gathering	<input type="checkbox"/> Construction Related	<input type="checkbox"/> Other

E. Event Details			
Event Name (if applicable):		Date of the Event:	Time of the Event:
Foley and van Galen Wedding		August 30, 2025	4:00pm - 1:00am
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/Band

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/WEDDING

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>03/11/2025</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 *Provincial Offences Act*.



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
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 checked="" type="checkbox"/> Wedding/ Family Gathering <input type="checkbox"/> Construction Related <input type="checkbox"/> Other			
E. Event Details			
Event Name (if applicable):	Date of the Event:	Time of the Event:	
Anderson & Angeles Wedding	September 6, 2025	4:00pm - 1:00am	
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/Band			
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/WEDDING			
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.			
03/11/2025			
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 Provincial Offences Act.			



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		Unit number	Lot/con.
201 Scenic Caves Rd.			
Postal code		Plan number/other description	
L9Y 0V2			
B. Applicant			
Applicant is:		<input type="checkbox"/> Owner or <input checked="" type="checkbox"/> Authorized agent of owner	
Last name		First name	Corporation or partnership
BAILEY		KAITLIN	BLUE MOUNTAIN RESORTS LP
Street address		Unit number	Lot/con.
190 GORD CANNING DRIVE			
Municipality		Postal code	Province
TOWN OF BLUE MOUNTAINS		L9Y 3Z2	ONTARIO
Telephone number (705)		Fax (705)	
445-0231		444-1751	
C. Owner (if different from applicant)			
Last name		First name	Corporation or partnership
BLUE MOUNTAIN RESORT			BLUE MOUNTAIN RESORT
Street address		Unit number	Lot/con.
190 GORD CANNING DRIVE			
Municipality		Postal code	Province
TOWN OF BLUE MOUNTAINS		L9Y 3Z2	ONTARIO
Telephone number (705)		E-Mail	
443-0231			
D. Event Type (Other events may be considered at the sole discretion of Council)			
<input type="checkbox"/> Charitable Event <input checked="" type="checkbox"/> Wedding/ Family Gathering <input type="checkbox"/> Construction Related <input type="checkbox"/> Other			
E. Event Details			
Event Name (if applicable):		Date of the Event:	Time of the Event:
Holleran and Coward Wedding Sept2025		September 13, 2025	4:00pm - 1:00am
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/Band			
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/WEDDING			
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.			
03/11/2025			
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> .			



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		Unit number	Lot/con.
201 Scenic Caves Rd.			
Postal code		Plan number/other description	
L9Y 0V2			
B. Applicant Applicant is: <input type="checkbox"/> Owner or <input checked="" type="checkbox"/> Authorized agent of owner			
Last name		First name	Corporation or partnership
BAILEY		KAITLIN	BLUE MOUNTAIN RESORTS LP
Street address		Unit number	Lot/con.
190 GORD CANNING DRIVE			
Municipality		Postal code	Province
TOWN OF BLUE MOUNTAINS		L9Y 3Z2	ONTARIO
Telephone number (705)		Fax (705)	
445-0231		444-1751	
C. Owner (if different from applicant)			
Last name		First name	Corporation or partnership
BLUE MOUNTAIN RESORT			BLUE MOUNTAIN RESORT
Street address		Unit number	Lot/con.
190 GORD CANNING DRIVE			
Municipality		Postal code	Province
TOWN OF BLUE MOUNTAINS		L9Y 3Z2	ONTARIO
Telephone number (705)		E-Mail	
443-0231			
D. Event Type (Other events may be considered at the sole discretion of Council)			
<input checked="" type="checkbox"/> Charitable Event <input type="checkbox"/> Wedding/ Family Gathering <input type="checkbox"/> Construction Related <input type="checkbox"/> Other			
E. Event Details			
Event Name (if applicable):		Date of the Event:	Time of the Event:
Power of Education Golf Classic Sept2025		September 18, 2025	4:00pm - 11:00pm
Does the Event promote charitable, educational or community objectives?		<input checked="" type="checkbox"/> Yes	<input 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.			
03/11/2025			
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 *Provincial Offences Act*.



Application for a Noise By-law Exemption

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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		190 GORD CANNING DRIVE	
Municipality	TOWN OF BLUE MOUNTAINS	Postal code	L9Y 3Z2
Telephone number (705)	445-0231	Fax (705)	444-1751
C. Owner (if different from applicant)			
Last name	BLUE MOUNTAIN RESORT	First name	
Street address		190 GORD CANNING DRIVE	
Municipality	TOWN OF BLUE MOUNTAINS	Postal code	L9Y 3Z2
Telephone number (705)	443-0231	E-Mail	
D. Event Type (Other events may be considered at the sole discretion of Council)			
<input checked="" type="checkbox"/> Charitable Event	<input type="checkbox"/> Wedding/ Family Gathering	<input type="checkbox"/> Construction Related	<input type="checkbox"/> Other
E. Event Details			
Event Name (if applicable):	Date of the Event:	Time of the Event:	
Arthritis Society Canada Fundraising Event	September 20, 2025	4:00pm - 11:00pm	
Does the Event promote charitable, educational or community objectives?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the Event support the community provincially, nationally or internationally?	<input checked="" type="checkbox"/> Yes	<input 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/Band			
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>03/11/2025</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> .			



Application for a Noise By-law Exemption

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Application submitted to:

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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
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):	Date of the Event:	Time of the Event:	
Zipline 2025	September 23, 2025	4:00pm - 11:00pm	
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/Band			
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>04/14/2025</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> .			



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):
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Application submitted to:

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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
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:	
MealSuite Summit	September 24, 2025	4:00pm - 11:00pm	
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/Band			
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.			
03/11/2025			
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 Provincial Offences Act.			



Application for a Noise By-law Exemption

This form is authorized under By-law 2002-09

Form BL574

For use by Principal Authority	
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Date received:	Roll number:

Application submitted to:

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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
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 checked="" type="checkbox"/> Wedding/ Family Gathering <input type="checkbox"/> Construction Related <input type="checkbox"/> Other			
E. Event Details			
Event Name (if applicable):	Date of the Event:	Time of the Event:	
Bouchard and Carter Wedding	September 26, 2025	4:00pm - 11:00pm	
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/Band			
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/WEDDING			
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.			
03/11/2025			
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 Provincial Offences Act.			



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		Unit number	Lot/con.
201 Scenic Caves Rd.			
Postal code		Plan number/other description	
L9Y 0V2			

B. Applicant			
Applicant is:		<input type="checkbox"/> Owner or <input checked="" type="checkbox"/> Authorized agent of owner	
Last name		First name	
BAILEY		KAITLIN	
Street address		Corporation or partnership	
190 GORD CANNING DRIVE		BLUE MOUNTAIN RESORTS LP	
Municipality		Postal code	Province
TOWN OF BLUE MOUNTAINS		L9Y 3Z2	ONTARIO
Telephone number (705)		Fax (705)	
445-0231		444-1751	

C. Owner (if different from applicant)			
Last name		First name	
BLUE MOUNTAIN RESORT			
Street address		Corporation or partnership	
190 GORD CANNING DRIVE		BLUE MOUNTAIN RESORT	
Municipality		Postal code	Province
TOWN OF BLUE MOUNTAINS		L9Y 3Z2	ONTARIO
Telephone number (705)		E-Mail	
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:
Larry Hudson Chevrolet Buick GMC Staff Retreat Sept2025		September 27, 2025	4:00pm - 11:00pm
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>03/11/2025</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 *Provincial Offences Act*.



Application for a Noise By-law Exemption

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Form BL574

For use by Principal Authority	
Application number:	Exemption number (if different):
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bylawinfo@thebluemountains.ca www.thebluemountains.ca

A. Event Location (Location of the event relief is being requested)			
Building number, street name		Unit number	Lot/con.
201 Scenic Caves Rd.			
Postal code		Plan number/other description	
L9Y 0V2			
B. Applicant			
Applicant is:		<input type="checkbox"/> Owner or <input checked="" type="checkbox"/> Authorized agent of owner	
Last name		First name	Corporation or partnership
BAILEY		KAITLIN	BLUE MOUNTAIN RESORTS LP
Street address		Unit number	Lot/con.
190 GORD CANNING DRIVE			
Municipality		Postal code	Province
TOWN OF BLUE MOUNTAINS		L9Y 3Z2	ONTARIO
Telephone number (705)		Fax (705)	
445-0231		444-1751	
C. Owner (if different from applicant)			
Last name		First name	Corporation or partnership
BLUE MOUNTAIN RESORT			BLUE MOUNTAIN RESORT
Street address		Unit number	Lot/con.
190 GORD CANNING DRIVE			
Municipality		Postal code	Province
TOWN OF BLUE MOUNTAINS		L9Y 3Z2	ONTARIO
Telephone number (705)		E-Mail	
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:
OHBA 2025		September 28, 2025	4:00pm - 11:00pm
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/Band			
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.			
03/11/2025			
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.			
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Application for a Noise By-law Exemption

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Form BL574

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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
Street address		Unit number	Lot/con.
190 GORD CANNING DRIVE			
Municipality	TOWN OF BLUE MOUNTAINS	Postal code	L9Y 3Z2
Telephone number (705)	445-0231	Fax (705)	444-1751
C. Owner (if different from applicant)			
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
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 checked="" type="checkbox"/> Wedding/ Family Gathering <input type="checkbox"/> Construction Related <input type="checkbox"/> Other			
E. Event Details			
Event Name (if applicable):	Date of the Event:	Time of the Event:	
Primi and Devitt Wedding - Oct 2025	October 4, 2025	4:00pm - 1:00am	
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/Band			
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)			
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<u>03/11/2025</u>			
Date			
Signature of applicant			
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