



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		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 (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
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:	
Knixwear	May 21, 2024	5PM - 10PM	
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.			
03/13/24		Signature of applicant	
Date			
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.			



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bylawinfo@thebluemountains.ca

www.thebluemountains.ca

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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		
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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:	
Whirlpool Tradeshow	May 28, 2024	5PM - 10PM	
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:			
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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		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	
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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 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:
OAPSB Spring Conference		June 4, 2024	6PM - 10PM
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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<u>03/13/24</u>		_____ Signature of applicant	
Date			
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190 GORD CANNING DRIVE			
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:
Loblaws VP Offsite Meeting		June 6, 2024	5PM - 9PM
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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Applicant is:		Authorized agent of owner	
<input type="checkbox"/> Owner or <input checked="" type="checkbox"/>			
Last name	First name	Corporation or partnership	
BAILEY	KAITLIN	BLUE MOUNTAIN RESORTS LP	
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Municipality		Postal code	Province
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<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:
Ontario Construction Secretariat		June 10, 2024	5PM - 10PM
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:			
Band			
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Street address		190 GORD CANNING DRIVE	Unit number Lot/con.
Municipality	TOWN OF BLUE MOUNTAINS	Postal code	L9Y 3Z2
Province	ONTARIO		
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Last name	BLUE MOUNTAIN RESORT	First name	
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Province	ONTARIO		
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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):	Ontario Construction Secretariat	Date of the Event:	June 11, 2024
		Time of the Event:	5PM - 10PM
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:			
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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Last name		First name	Corporation or partnership
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)	
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C. Owner (if different from applicant)			
Last name		First name	Corporation or partnership
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Street address		Unit number	Lot/con.
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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:
Aviva Lets Connect Roadshow		June 13, 2024	5PM - 8PM
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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E. Event Details			
Event Name (if applicable):		Date of the Event:	Time of the Event:
Salsa at Blue 2024		June 22, 2024	5PM - 10PM
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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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:
Ficher and Bordignon Wedding		July 6, 2024	3:30PM - 1AM
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>03/13/24</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 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	
Street address 190 GORD CANNING DRIVE		Corporation or partnership 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 190 GORD CANNING DRIVE		Corporation or partnership 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 type="checkbox"/> Wedding/ Family Gathering <input type="checkbox"/> Construction Related <input checked="" type="checkbox"/> Other			
E. Event Details			
Event Name (if applicable): Whitehorse Liquidity Partners Summer Offsite		Date of the Event: July 8, 2024	Time of the Event: 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			
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.			
03/13/24		Signature of applicant	
Date			
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 checked="" 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:
Whitehorse Liquidity Partners Summer Offsite		July 9, 2024	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			
F. Declaration of Applicant (Note: if owner is not the applicant attach the "Authorization to Act as Agent" form)			
I		certify that:	
KAITLIN BAILEY			
(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.			
03/13/24			
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 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		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-M	
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:
McIntyre & McIntosh Wedding		July 13, 2024	5:00pm - 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:			
Band and Bagpiper			
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.			
03/13/24		Signature of applicant	
Date			
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.			



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:		Authorized agent of owner	
<input type="checkbox"/> Owner or <input checked="" type="checkbox"/>			
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:
Dare Foods KAM 2024 Planning Meeting		July 16, 2024	5:00pm - 10:00pm
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		certify that:	
KAITLIN BAILEY			
(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.			
03/13/24		Signature of applicant	
Date			
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 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:
MNP July 2024 Conference		July 17, 2024	5:00pm - 10:00pm
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:			
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.			
03/13/24		Signature of applicant	
Date			
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 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:
Deloitte Canada LLP 2024 Partners Regional		July 20, 2024	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 and 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>03/13/24</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 NO. 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 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:
1Password GTM Unite		July 22, 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 (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>03/13/24</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> .			



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:		Authorized agent of owner	
<input type="checkbox"/> Owner or <input checked="" type="checkbox"/>			
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:
Richer and Foy Wedding		July 27, 2024	3:30pm - 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			
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.			
03/13/24		Signature of applicant	
Date			
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.			



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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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:		Authorized agent of owner	
<input type="checkbox"/> Owner or <input checked="" type="checkbox"/>			
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:
Beghian and Huang Wedding		August 3, 2024	5:00pm - 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			
F. Declaration of Applicant (Note: if owner is not the applicant attach the "Authorization to Act as Agent" form)			
I		certify that:	
KAITLIN BAILEY			
(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.			
03/13/24			
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 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

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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 checked="" 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:
Dusome & Avenus Wedding		August 4, 2024	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			
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.			
03/13/24			
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 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.			



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		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:
Chubb and Horlings Wedding		August 9, 2024	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			
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>03/13/24</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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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:
Simon and Gibbon Wedding		August 23, 2024	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			
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.			
03/13/24		Signature of applicant	
Date			
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
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 (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
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:
Shayne and Carson Wedding		August 24, 2024	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			
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.			
03/13/24		Signature of applicant	
Date			
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 <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
Street address		Corporation or partnership	
190 GORD CANNING DRIVE		BLUE MOUNTAIN RESORTS LP	
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		Corporation or partnership	
190 GORD CANNING DRIVE		BLUE MOUNTAIN RESORT	
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:
Trotter and Rusak Wedding		September, 8 2024	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			
F. Declaration of Applicant (Note: if owner is not the applicant attach the "Authorization to Act as Agent" form)			
I		KAITLIN BAILEY	
(print name)		certify that:	
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.			
03/13/24			
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.			
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Application number:	Exemption number (if different):
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Application submitted to: **TOWN OF THE BLUE MOUNTAINS**
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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:
Cox & Ervin Wedding		September, 13 2024	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			
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>03/13/24</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> .			



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		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	
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):	Pinkney & Wright Wedding	Date of the Event:	September, 15 2024
Time of the Event:	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			
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.			
03/13/24			
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 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 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		September, 19 2024	6:00pm - 10:30pm
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/CHARITABLE EVENT			
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.			
Date		Signature of applicant	
03/13/24			
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
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 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:	
Torkin Manes Lawyer Retreat	September, 27 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 (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.			
03/13/24			
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 By-law NO. 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> .			