TO AND THE PROPERTY OF THE PRO

Application for a Noise By-law Exemption

This form is authorized under By-law 2002-09

Form BL574

6 1100°			
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.thebluemounta	ins.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/othe	er description			
B. Applicant Applicant is: Owner or	Authorized agent of	of owner			
Last name BAILEY First name KAITLIN	Corporation or pa BLUE MOUNTAIN RE				
Street address 190 GORD CANNING DRIVE		Unit number Lot/con.			
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ONTARIO			
Telephone number (705) 445-0231 Fax (705) 444-175	1				
C. Owner (if different from applicant)					
Last name BLUE MOUNTAIN RESORT First name	Corporation or pa BLUE MOUNTAIN RES				
Street address 190 GORD CANNING DRIVE		Unit number Lot/con.			
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ONTARIO			
Telephone number (705) 443-0231					
D. Event Type (Other events may be considered at the sole discr	etion of Council)				
Charitable Event Wedding/ Family Gathering	Construction	Related ✓ Other			
E. Event Details					
Event Name (if applicable):	Date of the Event:	Time of the Event:			
Knixwear	May 21,2024	5PM - 10PM			
Does the Event promote charitable, educational or community objectives?		Yes ✓ No			
Does the Event support the community provincially, nationally or internationally? Yes V No					
Is the Event financially supported by the Town? Yes ✓ No					
Have there been any prior noise by-law infractions associated with this event? Yes ✓ No					
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 attact	h the "Authorization to A	Act as Agent" form)			
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:					
Every application for an exemption shall be submitted a minimum	n 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					

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

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



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<u>bylawinfo@thebluemountains.ca</u> <u>v</u>	ww.	<u>thebluemountair</u>	ıs.ca			
A. Event Location (Location of the event relief is being requested,)					
Building number, street name 201 Scenic Caves Rd.		Unit number	Lot/d			
Postal code L9Y 0V2	- 1	Plan number/othe	descri	ption		
B. Applicant Applicant is: ☐ Owner or ✓		thorized agent of				
Last name BAILEY First name KAITLIN	(Corporation or par BLUE MOUNTAIN RES				
Street address 190 GORD CANNING DRIVE				umber	Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS		Postal code .9Y 3Z2	Provir	ONT	ARIO	
Telephone number (705) 445-0231 Fax (705) 444-1751						
C. Owner (if different from applicant)						
Last name BLUE MOUNTAIN RESORT First name	(Corporation or par BLUE MOUNTAIN RESO		р		
Street address 190 GORD CANNING DRIVE				umber	Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS		Postal code .9Y 3Z2	Provir	ONT	ARIO	
Telephone number 443-0231						
D. Event Type (Other events may be considered at the sole discre	etion	of Council)				
Charitable Event Wedding/ Family Gathering		Construction	Related	l	√ C	Other
E. Event Details						
Event Name (if applicable):		of the Event:	Time	of the Eve	nt:	
Whirlpool Tradeshow	Ma	y 28,2024	5PN	1 - 10PN	Л	
Does the Event promote charitable, educational or community objectives?				Yes	1	No
Does the Event support the community provincially, nationally or internation	nally?			Yes	1	No
Is the Event financially supported by the Town?			1	No		
Have there been any prior noise by-law infractions associated with this event? Yes V No					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 of	opinio	n)				
SUPPORTING LOCAL BUSINESSES						
F. Declaration of Applicant (Note: if owner is not the applicant attach	the "	Authorization to A	ct as A	gent" form)	
KAITLIN BAILEY				с	ertify that	:
(print name)						
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03/13/24						
Date Signature of applicant						
Note:			-			
Every application for an exemption shall be submitted a minimum	of ei	aht (8) weeks in a	advance	e of the pro	posed ev	vent.
Every person who contravenes any provision of the Noise By-law I						

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

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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 Postal code Plan number/other description L9Y 0V2 Applicant is: B. Applicant Owner or Authorized agent of owner Last name BAILEY First name KAITLIN Corporation or partnership Lot/con. Street address 190 GORD CANNING DRIVE Unit number Postal code Province ONTARIO Municipality TOWN OF BLUE MOUNTAINS L9Y 3Z2 Telephone number 445-0231 Fax (705) 444-1751 C. Owner (if different from applicant) Last name BLUE MOUNTAIN RESORT First name Corporation or partnership BLUE MOUNTAIN RE Street address 190 GORD CANNING DRIVE Unit number Municipality TOWN OF BLUE MOUNTAINS Postal code Province **ONTARIO** L9Y 3Z2 Telephone number (705) 443-0231 D. Event Type (Other events may be considered at the sole discretion of Council) Charitable Event Wedding/Family Gathering Construction Related ✓ Other E. Event Details Event Name (if applicable): Date of the Event: Time of the Event: OAPSB Spring Conference 6PM - 10PM June 4, 2024 Does the Event promote charitable, educational or community objectives? Yes ✓ No Does the Event support the community provincially, nationally or internationally? No Yes Yes Nο Is the Event financially supported by the Town? 1 Have there been any prior noise by-law infractions associated with this event? 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) KAITLIN BAILEY 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.
- 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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Application submitted to:

TOWN OF THE BLUE MOUNTAINS

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bylawinfo@thebluer	mountains.ca www	<u>w.thebluemountai</u>	ns.ca			
A. Event Location (Location of the event re	lief is being requested)	Hait avectors	1 -4/			
Building number, street name 201 Scenic C	aves Rd.	Unit number	Lot/co			
Postal code L9Y 0V2		Plan number/othe	r aescrip	tion		
B. Applicant Applicant is:		uthorized agent o				
	irst name KAITLIN	Corporation or pa BLUE MOUNTAIN RE				
Street address 190 GORD CANNING D	RIVE		Unit nu		Lot/con	١.
Municipality TOWN OF BLUE MOUNT	AINS	Postal code L9Y 3Z2	Provinc	e ONT	ARIO	
	705) 444-1751					
C. Owner (if different from applicant)			'			<u>'</u>
Last name BLUE MOUNTAIN RESORT F	First name	Corporation or pa				
Street address 190 GORD CANNING D	RIVE		Unit nu		Lot/con	١.
Municipality TOWN OF BLUE MOUNT	AINS	Postal code L9Y 3Z2	Provinc		ARIO	
Telephone number (705) 443-0231	E-Mail					
D. Event Type (Other events may be considered)	dered at the sole discretio	n of Council)				
Charitable Event Wedd	ding/ Family Gathering	Construction	Related		✓ (Other
E. Event Details						
Event Name (if applicable):		ite of the Event:		f the Eve	nt:	
Loblaw VP Offsite Meeting	Jı	ıne 6, 2024	5PM	- 9PM		
Does the Event promote charitable, educational or	community objectives?			Yes	✓	No
Does the Event support the community provincially	y, nationally or internationally	y?		Yes	✓	No
Is the Event financially supported by the Town?				Yes	✓	No
Have there been any prior noise by-law infractions associated with this event? Yes ✓ No						
Description of the source of sound: DJ						
Brown days in a day it is a large to find a large	- M t - d i d ti- l i -					
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 su		nion)				
SUPPORTING LOCAL BUSINESSES	5					
F. Declaration of Applicant (Note: if owner is	s not the applicant attach the	e "Authorization to A	ct as Ag	ent" form)	
KAITLIN BAILEY					ertify that	ļ.
(print name)					ertily ura	
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corporation or partnership.						
03/13/24						
Date Signature of applicant						
Note:						
Every application for an exemption shall be submitted a minimum of eight (8) weeks in advance of the proposed event.						
Every person who contravenes any provis conviction is liable to a penalty as provide			led is gui	ity of an o	offence a	nd on
convicuon la nable to a penalty as provide	the r revirietal energies	rioti				







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TOWN OF THE BLUE MOUNTAINS

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bylawinfo@thebluemountains.ca www.	<u>vw.thebluemountai</u>	ns.ca			
A. Event Location (Location of the event relief is being requested)					
Building number, street name 201 Scenic Caves Rd.	Unit number	Lot/o	on.		
Postal code L9Y 0V2	Plan number/othe	r descri	otion		
B. Applicant Applicant is: Owner or	Authorized agent o				
Last name BAILEY First name KAITLIN	Corporation or pa BLUE MOUNTAIN RES				
Street address 190 GORD CANNING DRIVE		Unit n		Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Provin	ce ONT	ARIO	
Telephone number (705) 445-0231 Fax (705) 444-1751					
C. Owner (if different from applicant)					
Last name BLUE MOUNTAIN RESORT First name	Corporation or pa)		
Street address 190 GORD CANNING DRIVE		Unit n		Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Provin		ARIO	
Telephone number 443-0231 E-Mail					
D. Event Type (Other events may be considered at the sole discretic	on of Council)				
Charitable Event Wedding/ Family Gathering	Construction	Related		✓ 0	ther
E. Event Details					
	ate of the Event:	Time	of the Eve	nt:	
Ontario Construction Secretariat J	une 10, 2024	5PN	l - 10PN	1	
Does the Event promote charitable, educational or community objectives?			Yes	✓	No
Does the Event support the community provincially, nationally or internationally?			Yes	✓	No
Is the Event financially supported by the Town?			Yes	✓	No
Have there been any prior noise by-law infractions associated with this event	?		Yes	✓	No
Description of the source of sound: Band					
Proposed provisions to mitigate impact of noise to affected residential premises:					
NATURAL SURROUNDINGS - TREES, ROCK WALL, ET	C.				
Reasons the noise by-law exemption should be support (in the applicant's op	inion)				
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, KAITLIN BAILEY					
(print name)			c	ertify that:	
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Date	Signature of	applican	t		
Note:					
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Application for a Noise By-law Exemption



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Date received:		Roll	number:				
Application submitted to: TOV	WN OF THE BLUE MO	UNT	AINS				
32 N	Mill Street Box 310, T	hornb	oury, ON				
Tel: (519) 599	9-3131 Toll Free: 1-88	88-25	8-6867 ext. 24	9			
bylawinfo@theblue	mountains.ca	www.	thebluemountair	ıs.ca			
A. Event Location (Location of the event re		1)	_				
Building number, street name 201 Scenic C	Caves Rd.		Unit number	Lo	t/con.		
Postal code L9Y 0V2			Plan number/othe	desc	cription		
B. Applicant Applicant is:	Owner or 🗸	Aut	thorized agent of	own	er		
Last name BAILEY	First name KAITLIN		Corporation or par				
Street address 190 GORD CANNING D	DRIVE			Unit	number	Lot/co	n.
Municipality TOWN OF BLUE MOUNT			Postal code .9Y 3Z2	Prov	ince ONT	ARIC)
Telephone number	Telephone number (705) 445-0231 Fax (705) 444-1751						
C. Owner (if different from applicant)							
Last name BLUE MOUNTAIN RESORT	First name		Corporation or par		hip		
Street address 190 GORD CANNING D	DRIVE			Unit number Lot/con.			
Municipality TOWN OF BLUE MOUNT			Postal code .9Y 3Z2	Prov	ont	ARIC)
Telephone number 443-0231							
D. Event Type (Other events may be considered)	dered at the sole discr	etion	of Council)				_
Charitable Event Wedding/ Family Gathering Construction Related ✓ Other							
E. Event Details							
Event Name (if applicable):		Date	of the Event:	Time	e of the Eve	nt:	
Ontario Construction Secretariat		Jun	ne 11, 2024	5P	M - 10PN	1	
Does the Event promote charitable, educational or	r community objectives?				Yes	✓	/ No
Does the Event support the community provincial	ly, nationally or internation	nally?			Yes	✓	No
Is the Event financially supported by the Town?				\neg	Yes	1	/ No

Band

Proposed provisions to mitigate impact of noise to affected residential premises:

Have there been any prior noise by-law infractions associated with this event?

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)
- KAITLIN BAILEY

Description of the source of sound:

__certify that:

✓ No

(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:

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Building number, street name 201 Scenic	Building number, street name 201 Scenic Caves Rd. Unit number Lot/con.			
Postal code L9Y 0V2		Plan number/othe	er description	
B. Applicant Applicant is:		uthorized agent o		
Last name BAILEY	First name KAITLIN	Corporation or pa		
Street address 190 GORD CANNING	DRIVE		Unit number	Lot/con.
Municipality TOWN OF BLUE MOUN		Postal code L9Y 3Z2	Province ON	ITARIO
Telephone number (705) 445-0231	Fax (705) 444-1751			
C. Owner (if different from applicant)			-	
Last name BLUE MOUNTAIN RESORT	First name	Corporation or pa		
Street address 190 GORD CANNING			Unit number	Lot/con.
Municipality TOWN OF BLUE MOUN	TAINS	Postal code L9Y 3Z2	Province ON	ITARIO
Telephone number 443-0231	E-Mail			
D. Event Type (Other events may be cons	sidered at the sole discretion	n of Council)		
Charitable Event We	dding/ Family Gathering	Construction	Related	✓ Other
E. Event Details				
Event Name (if applicable):	Di	ate of the Event:	Time of the E	vent:
Aviva Lets Connect Roadshow	Ju	ine 13, 2024	5PM - 8PM	И
Does the Event promote charitable, educational	or community objectives?		Yes	✓ No
Does the Event support the community provincia	ally, nationally or internationall	y?	Yes	✓ No
Is the Event financially supported by the Town?				
Have there been any prior noise by-law infractions associated with this event? Yes ✓ No				
Description of the source of sound:				
DJ				
Proposed provisions to mitigate impact of noise to affected residential premises:				
NATURAL SURROUNDINGS - TRE	ES, ROCK WALL, ET	C.		
Reasons the noise by-law exemption should be	support (in the applicant's opi	nion)		
SUPPORTING LOCAL BUSINESSE	S			
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Building number, street name 201 Scenic Caves Rd.	Unit number	Lot/con			
Postal code L9Y 0V2	Plan number/othe	er descriptio	n		
	Authorized agent o	fowner			
Last name BAILEY First name KAITLIN	Corporation or pa BLUE MOUNTAIN RE				
Street address 190 GORD CANNING DRIVE		Unit num	ber	Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province	ONTA	ARIO	
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D. Event Type (Other events may be considered at the sole discretic	on of Council)				
Charitable Event Wedding/ Family Gathering	Construction	Related		√ 0	ther
E. Event Details					
	ate of the Event:	Time of t	he Even	t:	
Salsa at Blue 2024	ine 22, 2024	5PM -	10PM		
Does the Event promote charitable, educational or community objectives?			Yes	✓	No
Does the Event support the community provincially, nationally or international	y?		Yes	✓	No
Is the Event financially supported by the Town?			Yes	✓	No
Have there been any prior noise by-law infractions associated with this event? Yes ✓ No					
Description of the source of sound:					
DJ					
Proposed provisions to mitigate impact of noise to affected residential premise	es:				
NATURAL SURROUNDINGS - TREES, ROCK WALL, ETC.					
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00/40/04					
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Postal code L9Y 0V2	Postal code L9Y 0V2 Plan number/ot			
B. Applicant Applicant is: Owner o	or 🗸	Authorized agent of		
Last name BAILEY First name	KAITLIN	Corporation or par BLUE MOUNTAIN RES		
Street address 190 GORD CANNING DRIVE			Unit number	Lot/con.
Municipality TOWN OF BLUE MOUNTAINS		Postal code L9Y 3Z2	Province ON	TARIO
Telephone number (705) 445-0231 Fax (705) 4	144-1751			
C. Owner (if different from applicant)			-	
Last name BLUE MOUNTAIN RESORT First name		Corporation or par BLUE MOUNTAIN RESC	ORT	
Street address 190 GORD CANNING DRIVE		Double of	Unit number	Lot/con.
Municipality TOWN OF BLUE MOUNTAINS		Postal code L9Y 3Z2	Province ON	TARIO
Telephone number 443-0231 E-Mail				
D. Event Type (Other events may be considered at the	ne sole discret	ion of Council)		
Charitable Event	y Gathering	Construction	Related	Other
E. Event Details				
Event Name (if applicable):		Date of the Event:	Time of the Ev	ent:
Ficher and Bordignon Wedding	J	luly 6, 2024	3:30PM - 1	AM
Does the Event promote charitable, educational or community	y objectives?		Yes	✓ No
Does the Event support the community provincially, nationally or internationally?				✓ No
Is the Event financially supported by the Town?				✓ No
Have there been any prior noise by-law infractions associated with this event? Yes ✓ No				
Description of the source of sound:		·		
DJ				
Proposed provisions to mitigate impact of noise to affected residential premises:				
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Reasons the noise by-law exemption should be support (in the	e applicant's or	inion)		
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F. Declaration of Applicant (Note: if owner is not the ap	oplicant attach t	he "Authorization to A	ct as Agent" forn	n)
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:				
Every application for an exemption shall be submitte	d a minimum o	of eight (8) weeks in a	advance of the p	roposed event.
Every person who contravenes any provision of the Noise By-law N0. 2002-09, as amended is guilty of an offence and on				

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





The market	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	<u>/w.thebluemountai</u>	ins.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/othe	er description		
	Authorized agent o			
Last name BAILEY First name KAITLIN	Corporation or pa BLUE MOUNTAIN RE			
Street address 190 GORD CANNING DRIVE	•	Unit number	Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ON	TARIO	
Telephone number (705) 445-0231 Fax (705) 444-1751				
C. Owner (if different from applicant)	_	•		
Last name BLUE MOUNTAIN RESORT First name	Corporation or pa BLUE MOUNTAIN RES			
Street address 190 GORD CANNING DRIVE		Unit number	Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ON	TARIO	
Telephone number 443-0231 E-Mail				
D. Event Type (Other events may be considered at the sole discretic	on of Council)			
Charitable Event Wedding/ Family Gathering	Construction	Related	✓ Other	
E. Event Details				
()	ate of the Event:	Time of the Ev	ent:	
Whitehorse Liquidity Partners Summer Offsite J	uly 8, 2024	5:00pm - 1	1:00pm	
Does the Event promote charitable, educational or community objectives?		Yes	✓ No	
Does the Event support the community provincially, nationally or international	ly?	Yes	✓ No	
Is the Event financially supported by the Town? Yes ✓ No				
Have there been any prior noise by-law infractions associated with this event? Yes V No				
Description of the source of sound: DJ				
Despessed provisions to willights impost of point to effected conidential promises:				
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 opi	nion)			
SUPPORTING LOCAL BUSINESSES				
F. Declaration of Applicant (Note: if owner is not the applicant attach th	e "Authorization to A	Act as Agent" form	n)	
, KAITLIN BAILEY			certify that:	
(print name)			borthy true.	
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:				
Every application for an exemption shall be submitted a minimum of	f eight (8) weeks in	advance of the pr	roposed event.	
Every person who contravenes any provision of the Noise By-law No conviction is lighted to a penalty as provided in the Provincial Offence.		ded is guilty of an	offence and on	



THE MOUNTS		Form BL574		
For use by Principal Authority				
Application number:		Exemption number (if different):		
Date received:		Roll number:		
Application submitted to:	TOWN OF THE BLUE MO			
	32 Mill Street Box 310, T	hornbury, ON		
	Tel: (519) 599-3131 Toll Free: 1-8	88-258-6867 ext. 249		
	bylawinfo@thebluemountains.ca	www.thebluemountains.ca		

bylawinio@trebideniountains.ca	****	.triebiuerriouritari	13.00			
A. Event Location (Location of the event relief is being requeste	d)					
Building number, street name 201 Scenic Caves Rd.		Unit number	Lot/c			
Postal code L9Y 0V2		Plan number/othe	r descri	ption		
	/ Au	thorized agent o	fowner	r		
Last name BAILEY First name KAITLIN		Corporation or pa				
Street address 190 GORD CANNING DRIVE			Unit no	umber	Lot/con	
Municipality TOWN OF BLUE MOUNTAINS	ı	Postal code L9Y 3Z2	Provin	ce ONT	ARIO	
Telephone number 445-0231 Fax (705) 444-175	1					
C. Owner (if different from applicant)						
Last name BLUE MOUNTAIN RESORT First name		Corporation or pa BLUE MOUNTAIN RES		p		
Street address 190 GORD CANNING DRIVE			Unit no	umber	Lot/con	
Municipality TOWN OF BLUE MOUNTAINS		Postal code L9Y 3Z2	Provin	ce ON1	ARIO	
Telephone number 443-0231 E-Mail	'					
D. Event Type (Other events may be considered at the sole disc	retion	of Council)				
Charitable Event Wedding/ Family Gathering		Construction	Related		V	Other
E. Event Details						
Event Name (if applicable):	Date	e of the Event:	Time o	of the Eve	nt:	
Whitehorse Liquidity Partners Summer Offsite	Ju	ly 9, 2024	5:00)pm - 11	1:00pm	
Does the Event promote charitable, educational or community objectives?	•			Yes	✓	No
Does the Event support the community provincially, nationally or internation	onally?	•		Yes	✓	No
Is the Event financially supported by the Town?				Yes	✓	No
Have there been any prior noise by-law infractions associated with this event? Yes ✓ No						
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	opinio	on)				
SUPPORTING LOCAL BUSINESSES						
F. Declaration of Applicant (Note: if owner is not the applicant attack	ch the	"Authorization to A	ct as Ac	gent" form)	
, KAITLIN BAILEY						
(print name)				с	ertify 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:						
Every application for an exemption shall be submitted a minimur	n of e	ight (8) weeks in a	advance	of the pro	posed ev	vent.
2 Every person who contravenes any provision of the Noise Ry-law NO 2002-09 as amended is quilty of an offence and on						

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







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/o			
Postal code L9Y 0V2		Plan number/other	r aescrip	otion		
B. Applicant Applicant is: Owner or	✓ Au	thorized agent of				
Last name BAILEY First name KAITLIN	1	Corporation or par BLUE MOUNTAIN RES)		
Street address 190 GORD CANNING DRIVE			Unit nu	mber	Lot/cor	n.
Municipality TOWN OF BLUE MOUNTAINS		Postal code L9Y 3Z2	Provinc		ARIO	
Telephone number (705) 445-0231 Fax (705) 444-175	51					
C. Owner (if different from applicant)						
Last name BLUE MOUNTAIN RESORT First name		Corporation or par BLUE MOUNTAIN RESO)		
Street address 190 GORD CANNING DRIVE			Unit nu	mber	Lot/cor	n.
Municipality TOWN OF BLUE MOUNTAINS		Postal code L9Y 3Z2	Province	oe ON	TARIO	
Telephone number 443-0231						
D. Event Type (Other events may be considered at the sole disc	cretion	of Council)				
Charitable Event ✓ Wedding/ Family Gathering	[Construction I	Related			Other
E. Event Details						
Event Name (if applicable):		e of the Event:	Time o	f the Eve	ent:	
McIntyre & McIntosh Wedding	Jul	y 13, 2024	5:00	pm - 1:	00am	
Does the Event promote charitable, educational or community objectives				Yes	✓	No
Does the Event support the community provincially, nationally or internati	ionally?	,		Yes	✓	No
Is the Event financially supported by the Town?				Yes	✓	
Have there been any prior noise by-law infractions associated with this event? Yes V 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 atta	och the	«Δuthorization to Δ	ct as An	ent" form)	
KAITLIN BAILEY	on are	That for Each to Fi	or do rig			
(print name)					ertify tha	ıt:
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.						
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.						







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@theblu	emountains.ca	www	.thebluemountair	ns.ca			
A. Event Location (Location of the event		1)					
Building number, street name 201 Scenic	Caves Rd.		Unit number	Lot	/con.		
Postal code L9Y 0V2			Plan number/other description				
B. Applicant Applicant is:	Owner or ✓	Au	thorized agent of	owne	er		
Last name BAILEY	First name KAITLIN		Corporation or par BLUE MOUNTAIN RES				
Street address 190 GORD CANNING	DRIVE				number	Lot/con	١.
Municipality TOWN OF BLUE MOUN			Postal code L9Y 3Z2	Province ONTARIO			
Telephone number (705) 445-0231	Fax (705) 444-175	1					
C. Owner (if different from applicant)							
Last name BLUE MOUNTAIN RESORT	First name		Corporation or par BLUE MOUNTAIN RESO		nip		
Street address 190 GORD CANNING				Unit	number	Lot/con	١.
Municipality TOWN OF BLUE MOUN	TAINS		Postal code L9Y 3Z2	Provi	on ON	TARIO	
Telephone number (705) 443-0231	E-Mail						
D. Event Type (Other events may be cons	sidered at the sole discr	etion	of Council)				
	dding/ Family Gathering	[Construction	Relate	d	✓ (Other
E. Event Details	1		- C11 - E				
Event Name (if applicable):			e of the Event:		of the Eve		
Dare Foods KAM 2024 Planning Mee	eting	Jul	y 16, 2024	5:0	0pm - 10):00pm	
Does the Event promote charitable, educational	or community objectives?				Yes	✓	No
Does the Event support the community provincially, nationally or international			,		Yes	✓	No
Is the Event financially supported by the Town?					Yes	✓	No
Have there been any prior noise by-law infractions associated with this event? Yes Vo				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 s	support (in the applicant's	opinio	on)				
SUPPORTING LOCAL BUSINESSE	S						
F. Declaration of Applicant (Note: if owner	rie not the applicant attack	h tha	"Authorization to A	ot an I	Agent" form	.)	
KAITLIN BAILEY	тіз постте аррисалі ацаст	ruie	Additionzation to A	Cl as F	agent form)	
(print name)					c	ertify that	t:
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:			g				
Every application for an exemption shall	I be submitted a minimum	n of ei	ight (8) weeks in s	advano	e of the ne	onosed e	vent
,			. ,				
Every person who contravenes any pro-	vision of the Noise By-law	NU. 2	.002-09, as amend	eu is g	julity of an	orrence a	nu on

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



Mor					
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.	<u>thebluemountair</u>	ıs.ca			
A. Event Location (Location of the event relief is being request	ted)					
Building number, street name 201 Scenic Caves Rd.		Unit number	Lot/co	n.		
Postal code L9Y 0V2		Plan number/othe	r descrip	tion		
B. Applicant Applicant is: Owner or		thorized agent of	owner			
Last name BAILEY First name KAITLIN	١	Corporation or par BLUE MOUNTAIN RES				
Street address 190 GORD CANNING DRIVE			Unit nu		Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS		Postal code .9Y 3Z2	Provinc	e ONT	ARIO	
Telephone number 445-0231 Fax (705) 444-175	51					
C. Owner (if different from applicant)						
Last name BLUE MOUNTAIN RESORT First name	1	Corporation or par BLUE MOUNTAIN RESC				
Street address 190 GORD CANNING DRIVE			Unit nu	mber	Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS		Postal code .9Y 3Z2	Provinc	^e ONT	ARIO	
Telephone number 443-0231 E-Mail						
D. Event Type (Other events may be considered at the sole dis	cretion	of Council)				
Charitable Event Wedding/ Family Gathering		Construction I	Related		✓ 0	ther
E. Event Details						
Event Name (if applicable):	Date	of the Event:	Time o	f the Eve	nt:	
MNP July 2024 Conference	July	y 17, 2024	5:00p	om - 10):00pm	
Does the Event promote charitable, educational or community objectives	s?			Yes	1	No
Does the Event support the community provincially, nationally or internal	tionally?			Yes	✓	No
Is the Event financially supported by the Town?				Yes	✓	No
Have there been any prior noise by-law infractions associated with this event?						
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 att.	ach the "	Authorization to A	ct as Aq	ent" form)	
KAITLIN BAILEY						
(print name)				C	ertify 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.						
sorperation or partitioning.						
03/13/24						
Date		Signature of	applicant			
Note:						
1. Every application for an exemption shall be submitted a minimum	um of ei	ght (8) weeks in a	advance	of the pro	posed ev	ent.
Every person who contravenes any provision of the Noise By-la conviction is liable to a penalty as provided in the <i>Provincial Office</i>.			ed is gui	lty of an o	offence an	d on







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

Application submitted to:

TOWN OF THE BLUE MOUNTAINS 32 Mill Street Box 310, Thornbury, ON

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

bylawinfo@thebluemountains.ca v	www.thebluemou	ntains.ca				
A. Event Location (Location of the event relief is being requested,						
Building number, street name 201 Scenic Caves Rd.	Unit numb					
Postal code L9Y 0V2	Plan number/	other description				
B. Applicant Applicant is: ☐ Owner or ✓	Authorized age	nt of owner				
Last name BAILEY First name KAITLIN	Corporation o					
Street address 190 GORD CANNING DRIVE		Unit number	Lot/con.			
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ON	TARIO			
Telephone number (705) 445-0231 Fax (705) 444-1751						
C. Owner (if different from applicant)						
Last name BLUE MOUNTAIN RESORT First name	Corporation o					
Street address 190 GORD CANNING DRIVE	DEGE MOON PAIN	Unit number	Lot/con.			
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ON	TARIO			
Telephone number 443-0231 E-Ma						
D. Event Type (Other events may be considered at the sole discre	etion of Council)					
Charitable Event Wedding/ Family Gathering	Construc	tion Related	✓ Other			
E. Event Details						
Event Name (if applicable):	Date of the Event	t: Time of the Eve	ent:			
Deloitte Canada LLP 2024 Partners Regional	July 20, 202	24 5:00pm - 1	1:00pm			
Does the Event promote charitable, educational or community objectives?		Yes	✓ No			
Does the Event support the community provincially, nationally or internation	Yes	✓ No				
Is the Event financially supported by the Town? Yes ✓ No						
Have there been any prior noise by-law infractions associated with this event? Yes ✓ No						
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 of	opinion)					
SUPPORTING LOCAL BUSINESSES						
F. Declaration of Applicant (Note: if owner is not the applicant attach	the "Authorization	to Act as Agent" form	2)			
KAITLIN BAILEY	Taro Adaronzadon					
(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:	g. rate					
Every application for an exemption shall be submitted a minimum	of eight (8) week	s in advance of the pr	oposed event.			
2. Every person who contravenes any provision of the Noise Ry Jaw NO. 2002.09, as amended is quilty of an offence and on						

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

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@theb	luemountains.ca	wwv	v.thebluemountair	ns.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/othe	r description	
B. Applicant Applicant is:	Owner or	/ Αι	uthorized agent of	fowner	
Last name BAILEY	First name KAITLIN		Corporation or par BLUE MOUNTAIN RES		
Street address 190 GORD CANNING	BDRIVE		DEGE MOONTAINTIE	Unit number	Lot/con.
Municipality TOWN OF BLUE MOUI			Postal code L9Y 3Z2	Province O	NTARIO
Telephone number (705) 445-0231	Fax (705) 444-175	1			
C. Owner (if different from applicant)					_
Last name BLUE MOUNTAIN RESORT			Corporation or par BLUE MOUNTAIN RESC		
Street address 190 GORD CANNING				Unit number	Lot/con.
Municipality TOWN OF BLUE MOU	NTAINS		Postal code L9Y 3Z2	Province O	NTARIO
Telephone number 443-0231	E-Mai				
D. Event Type (Other events may be co.	nsidered at the sole disci	retioi	n of Council)		
Charitable Event V	edding/ Family Gathering		Construction	Related	✓ Other
E. Event Details					
Event Name (if applicable):		Dat	te of the Event:	Time of the	Event:
1Password GTM Unite		Ju	ly 22, 2024	5:00pm -	8:00pm
Does the Event promote charitable, educations	al or community objectives?			Yes	s ✓ No
Does the Event support the community provincially, nationally or internationally?			Yes	s ✓ No	
Is the Event financially supported by the Town?			Yes	s ✓ No	
Have there been any prior noise by-law infractions associated with this event? Yes V No					
Description of the source of sound:					
DJ					
Proposed provisions to mitigate impact of nois	e to affected residential pre	mises	3:		
NATURAL SURROUNDINGS - TREES, ROCK WALL, ETC.					
Reasons the noise by-law exemption should be	e support (in the applicant's	opin	ion)		
SUPPORTING LOCAL BUSINESSES					
F. Declaration of Applicant (Note: if own	ner is not the applicant attac	h the	"Authorization to A	ct as Agent" fo	orm)
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					
Note:					
Every application for an exemption sh	all be submitted a minimur	n of e	eight (8) weeks in a	advance of the	proposed event.
2 Every namen who controvened any n	revision of the Naise Py law	, NO		od is quilty of	on offense and co

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







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	ww.thebluemounta	ins.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/oth	er description				
B. Applicant Applicant is: ☐ Owner or ✓	Authorized agent of	of owner				
Last name BAILEY First name KAITLIN	Corporation or pa BLUE MOUNTAIN RE					
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 pa					
Street address 190 GORD CANNING DRIVE		Unit number	Lot/con.			
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ON	TARIO			
Telephone number 443-0231 E-Mai						
D. Event Type (Other events may be considered at the sole discre	tion of Council)					
Charitable Event	Construction	Related	Other			
E. Event Details						
Event Name (if applicable):	Date of the Event:	Time of the Ev	rent:			
Richer and Foy Wedding	July 27, 2024	3:30pm - 1	:00am			
Does the Event promote charitable, educational or community objectives?		Yes	✓ No			
Does the Event support the community provincially, nationally or internationally?			✓ No			
Is the Event financially supported by the Town?		Yes	✓ No			
Have there been any prior noise by-law infractions associated with this event? Yes No						
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 of	ppinion)					
SUPPORTING LOCAL BUSINESSES/WEDDING						
F. Declaration of Applicant (Note: if owner is not the applicant attach	the "Authorization to	Act as Agent" forn	n)			
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:						
Every application for an exemption shall be submitted a minimum	of eight (8) weeks in	advance of the pr	roposed event.			
2. Every norman who controvers are indicated the Nation State of	10, 2002 00	ded in suite of				

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







A MOS				
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@thebluemountain	s.ca	www	<u>.thebluemountair</u>	is.ca				
A. Event Location (Location of the event relief is being requested)								
Building number, street name 201 Scenic Caves	Rd.		Unit number	Lot/	con.			
Postal code L9Y 0V2			Plan number/other	descr	iption			
B. Applicant Applicant is: Owner	or 🗸	_	thorized agent of					
Last name BAILEY First nam	KAITLIN		Corporation or par BLUE MOUNTAIN RES					
Street address 190 GORD CANNING DRIVE					umber		_ot/con.	
Municipality TOWN OF BLUE MOUNTAINS			Postal code L9Y 3Z2	Provi	on On	NTA	RIO	
Telephone number (705) Fax (705)	444-1751	1						
C. Owner (if different from applicant)								
Last name BLUE MOUNTAIN RESORT First nam	ie		Corporation or par BLUE MOUNTAIN RESO		ip			
Street address 190 GORD CANNING DRIVE				Unit n	umber	L	_ot/con.	
Municipality TOWN OF BLUE MOUNTAINS			Postal code L9Y 3Z2	Provi	Ol	NTA	RIO	
Telephone number (705) E-Mai								
D. Event Type (Other events may be considered at	the sole discre	etion	of Council)					
Charitable Event ✓ Wedding/ Fan	nily Gathering		Construction I	Related	d			ther
E. Event Details								
Event Name (if applicable):			of the Event:	Time	of the E	vent	:	
Beghian and Huang Wedding		Aug	gust 3, 2024	5:00	Opm -	1:00)am	
Does the Event promote charitable, educational or commun	nity objectives?				Yes		✓	No
Does the Event support the community provincially, nationally or internationally?			1		Yes	\perp	✓	No
Is the Event financially supported by the Town?					Yes	\perp	✓	No
Have there been any prior noise by-law infractions associated with this event? Yes No					No			
Description of the source of sound:								
DJ								
Proposed provisions to mitigate impact of noise to affected residential premises:								
NATURAL SURROUNDINGS - TREES, ROCK WALL, ETC.								
Reasons the noise by-law exemption should be support (in	the applicant's	opinio	on)					
SUPPORTING LOCAL BUSINESSES/WED	DING							
F. Declaration of Applicant (Note: if owner is not the	applicant attacl	h the	"Authorization to A	ct as A	gent" fo	rm)		
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	applica	nt			
Note:								
Every application for an exemption shall be submit	tted a minimum	of ei	ight (8) weeks in a	advano	e of the	propo	osed ev	ent.
Every person who contravenes any provision of th	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.





2 100				
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	<u>thebluemountair</u>	ıs.ca			
A. Event Location (Location of the event relief is being requested	ed)					
Building number, street name 201 Scenic Caves Rd.		Unit number	Lot/	con.		
Postal code L9Y 0V2		Plan number/othe	r descr	iption		
		thorized agent of	owne	r		
Last name BAILEY First name KAITLIN		Corporation or par BLUE MOUNTAIN RES				
Street address 190 GORD CANNING DRIVE			Unit r	number	Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS	1	Postal code L9Y 3Z2	Provi	nce ONT	ARIO	
Telephone number (705) 445-0231 Fax (705) 444-175	1					
C. Owner (if different from applicant)						
Last name BLUE MOUNTAIN RESORT First name		Corporation or par BLUE MOUNTAIN RESC		ip		
Street address 190 GORD CANNING DRIVE	Ċ		Unit	number	Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS	1	Postal code L9Y 3Z2	Provi	ont	ARIO	
Telephone number 443-0231 E-Mai						
D. Event Type (Other events may be considered at the sole disc	retion	of Council)				
Charitable Event		Construction	Related	d		ther
E. Event Details		_				
Event Name (if applicable):	Date	e of the Event:	Time	of the Eve	nt:	
Dusome & Avenus Wedding	Aug	gust 4, 2024	4:00	0pm - 1:	00am	
Does the Event promote charitable, educational or community objectives?	?			Yes	✓	No
Does the Event support the community provincially, nationally or internation	onally?	>		Yes	✓	No
Is the Event financially supported by the Town?				Yes	✓	No
Have there been any prior noise by-law infractions associated with this ev	rent?			Yes	✓	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	opinio	on)				
SUPPORTING LOCAL BUSINESSES/WEDDING						
F. Declaration of Applicant (Note: if owner is not the applicant attack	ch the	"Authorization to A	ct as A	gent" form)	
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







A MOS				
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

www.thebluemountains.ca bylawinfo@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 Plan number/other description L9Y 0V2 B. Applicant Applicant is: Owner or 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 Province ONTARIO L9Y 3Z2 Telephone number 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. Postal code Municipality TOWN OF BLUE MOUNTAINS Province ONTARIO L9Y 3Z2 Telephone number 443-0231 D. Event Type (Other events may be considered at the sole discretion of Council) Charitable Event ✓ Wedding/ Family Gathering Construction Related Other E. Event Details Event Name (if applicable): Date of the Event: Time of the Event: Chubb and Horlings Wedding August 9, 2024 4:00pm - 1:00am Does the Event promote charitable, educational or community objectives? Yes No Does the Event support the community provincially, nationally or internationally? Yes ✓ No Is the Event financially supported by the Town? Yes No Have there been any prior noise by-law infractions associated with this event? Yes No 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 Declaration of Applicant (Note: if owner is not the applicant attach the "Authorization to Act as Agent" form) KAITLIN BAILEY 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.

Every person who contravenes any provision of the Noise By-law N0. 2002-09, as amended is guilty of an offence and on conviction is liable to a penalty as provided in the Provincial Offences Act.



Form BL574

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

Application submitted to:

TOWN OF THE BLUE MOUNTAINS

32 Mill Street Box 310, Thornbury, ON

l el: (519) 599-3131 □ l oli Free: 1-8 bylawinfo@thebluemountains.ca		v.thebluemountair				
A. Event Location (Location of the event relief is being requeste		W. C I C D I C C I C C I C C I C C I C C I C C I C C I C C I C C I C C I C C I C C I C C I C C I C C I C C I C C I C C C I C C C I C C C I C C C I C C C I C C C I C C C I C C I C C I C C I C C I C C I C C I C C I C C I C C I C C I C C I C C I C C I C C C I C C C I C	10.00			
Building number, street name 201 Scenic Caves Rd.	۵,	Unit number	Lot/	con.		
Postal code L9Y 0V2		Plan number/othe	r descr	iption		
		uthorized agent of	fowne	r		
Last name BAILEY First name KAITLIN		Corporation or par BLUE MOUNTAIN RES				
Street address 190 GORD CANNING DRIVE		DEGE MODITIANTICE		umber	Lot/con	
Municipality TOWN OF BLUE MOUNTAINS		Postal code L9Y 3Z2	Provi	nce ONT	ARIO	
Telephone number 445-0231 Fax (705) 444-175	1	101 022				
C. Owner (if different from applicant)			-			
Last name BLUE MOUNTAIN RESORT First name		Corporation or par		ip		
Street address 190 GORD CANNING DRIVE				number	Lot/con	
Municipality TOWN OF BLUE MOUNTAINS		Postal code L9Y 3Z2	Provi	ONT	ARIO	
Telephone number 443-0231 E-Mai			-			
D. Event Type (Other events may be considered at the sole disc	retio	n of Council)				
Charitable Event Wedding/ Family Gathering		Construction	Related	d		Other
E. Event Details						
Event Name (if applicable):	Da	te of the Event:	Time	of the Eve	nt:	
Simon and Gibbon Wedding	Au	gust 23, 2024	4:00	0pm - 1:	00am	
Does the Event promote charitable, educational or community objectives?	?			Yes	✓	No
Does the Event support the community provincially, nationally or internation	onally	?		Yes	✓	No
Is the Event financially supported by the Town?				Yes	✓	No
Have there been any prior noise by-law infractions associated with this ev	ent?			Yes	✓	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	opin	nion)				
SUPPORTING LOCAL BUSINESSES/WEDDING						
F. Declaration of Applicant (Note: if owner is not the applicant attack	ch the	a "Authorization to A	ct as A	gent" form,)	
KAITLIN BAILEY				c	ertify that	:
(print name)					,	
the information contained in this application; attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. If the owner is a corporation or partnership, I have the authority to bind the						
corporation or partnership.						
00/40/04						
03/13/24						
Date		Signature of	applica	nt		
Note:						
1. Every application for an exemption shall be submitted a minimum of eight (8) weeks in advance of the proposed event.						
Every person who contravenes any provision of the Noise By-law N0. 2002-09, as amended is guilty of an offence and on conviction is liable to a penalty as provided in the Provincial Offences Act.						







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.thebluemounta	ins.ca					
A. Event Location (Location of the event relief is being requested)							
Building number, street name 201 Scenic Caves Rd.	Building number, street name 201 Scenic Caves Rd. Unit number Lot/con.						
Postal code L9Y 0V2	Plan number (ather description						
B. Applicant Applicant is: ☐ Owner or ✓	Authorized agent	of owner					
Last name BAILEY First name KAITLIN	Corporation or p						
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 p						
Street address 190 GORD CANNING DRIVE	DECE MOON PAIN NE	Unit number	Lot/con.				
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ON	TARIO				
Telephone number 443-0231 E-Mai							
D. Event Type (Other events may be considered at the sole discre	etion of Council)						
Charitable Event	Construction	n Related	Other				
E. Event Details							
Event Name (if applicable):	Date of the Event:	Time of the Eve	ent:				
Shayne and Carson Wedding	August 24, 2024	4:00pm - 1:	00am				
Does the Event promote charitable, educational or community objectives?		Yes	✓ No				
Does the Event support the community provincially, nationally or internation	nally?	Yes	✓ No				
Is the Event financially supported by the Town?		Yes	✓ No				
Have there been any prior noise by-law infractions associated with this eve	nt?	Yes	✓ No				
Description of the source of sound:							
DJ							
Proposed provisions to mitigate impact of poise to affected residential premises:							
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 of	opinion)						
SUPPORTING LOCAL BUSINESSES/WEDDING							
F. Declaration of Applicant (Note: if owner is not the applicant attach	the "Authorization to	Act as Agent" form	1)				
, 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:							
Every application for an exemption shall be submitted a minimum	of eight (8) weeks in	advance of the pr	onosed event				
	NO 2002 00 as amor	•	•				

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





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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@thebl	uemountains.ca	www	.thebluemountain	s.ca			
A. Event Location (Location of the event relief is being requested)							
Building number, street name 201 Scenic	Caves Rd.		Unit number	Lot/d	on.		
Postal code L9Y 0V2			Plan number/other	descri	ption		
B. Applicant Applicant is:	Owner or	Αu	thorized agent of	owne	r		
Last name BAILEY	First name KAITLIN		Corporation or part BLUE MOUNTAIN RES				
Street address 190 GORD CANNING	DRIVE			Unit number Lot/con.			
Municipality TOWN OF BLUE MOUN			Postal code L9Y 3Z2	Provir	ont	ARIO	
Telephone number (705) 445-0231	Fax (705) 444-175		201 022				
C. Owner (if different from applicant)	(703) 111 170	-					
Last name BLUE MOUNTAIN RESORT	- First name		Corporation or part		р		
Street address 190 GORD CANNING					umber	Lot/con.	
Municipality TOWN OF BLUE MOUN			Postal code L9Y 3Z2	Provir	ont	ARIO	
Telephone number 443-0231	E-Ma						
D. Event Type (Other events may be con	sidered at the sole discr	etion	or Council)				
Charitable Event ✓ W	edding/ Family Gathering		Construction F	Related		0	ther
E. Event Details			_				
Event Name (if applicable):		Dat	e of the Event:	Time	of the Eve	nt:	
Trotter and Rusak Wedding		Sep	tember, 8 2024	4:00)pm - 1:0	00am	
Does the Event promote charitable, educational	l or community objectives?				Yes	✓	No
Does the Event support the community province	ially, nationally or internatio	nally?	?		Yes	1	No
Is the Event financially supported by the Town?	·				Yes	✓	No
Have there been any prior noise by-law infraction	ons associated with this eve	ent?			Yes	1	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		opini	on)				
SUPPORTING LOCAL BUSINESS	ES/WEDDING						
F. Declaration of Applicant (Note: if own	er is not the applicant attac	h the	"Authorization to Ad	ct as A	gent" form,)	
KAITLIN BAILEY					c	ertify that:	
(print name)							
the information contained in this application; at documentation is true to the best of my knowled corporation or partnership.							1
03/13/24							
Date			Signature of	applicar	nt		
Note:							
Every application for an exemption shall	all be submitted a minimun	n of e	eight (8) weeks in a	dvance	of the pro	posed eve	ent.
Every person who contravenes any pr	ovision of the Noise By-law	NO. 2	2002-09 as amende	ed is a	uilty of an o	offence an	d on

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







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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	wwv	v.thebluemountair	ns.ca					
A. Event Location (Location of the event relief is being requested	d)							
Building number, street name 201 Scenic Caves Rd.		Unit number		t/cc				
Postal code L9Y 0V2		Plan number/othe	r desc	crip	tion			
B. Applicant Applicant is: Owner or	Αι	uthorized agent of		_				
Last name BAILEY First name KAITLIN		Corporation or par BLUE MOUNTAIN RES						
Street address 190 GORD CANNING DRIVE					mber	Lot/c		
Municipality TOWN OF BLUE MOUNTAINS		Postal code L9Y 3Z2	Prov	/inc	e ONT	ARI	5	
Telephone number (705) 445-0231 Fax (705) 444-175	1							
C. Owner (if different from applicant)								
Last name BLUE MOUNTAIN RESORT First name		Corporation or par BLUE MOUNTAIN RESC		hip				
Street address 190 GORD CANNING DRIVE			Unit	nu	mber	Lot/c	on.	
Municipality TOWN OF BLUE MOUNTAINS		Postal code L9Y 3Z2	Prov	/inc	e ONT	ARI	0	
Telephone number 443-0231 E-Ma								
D. Event Type (Other events may be considered at the sole discre-	euoi	Tor Council)						
Charitable Event		Construction	Relate	ed			0	ther
E. Event Details								
Event Name (if applicable):	Dat	te of the Event:	Tim	e o	f the Eve	nt:		
Cox & Ervin Wedding	Sep	otember, 13 2024	4:0)Or	om - 1:	00am	1	
Does the Event promote charitable, educational or community objectives?					Yes		✓	No
Does the Event support the community provincially, nationally or internation	nally	?			Yes		✓	No
Is the Event financially supported by the Town? Yes V No								
Have there been any prior noise by-law infractions associated with this event? Yes V 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	О.						
Reasons the noise by-law exemption should be support (in the applicant's	opin	ion)						
SUPPORTING LOCAL BUSINESSES/WEDDING								
F. Declaration of Applicant (Note: if owner is not the applicant attack	h the	"Authorization to A	ct as	Age	ent" form,)		
KAITLIN BAILEYcertify that:								
(print name)								
the information contained in this application; attached schedules, attached documentation is true to the best of my knowledge. If the owner is a corpor corporation or partnership.							the	
03/13/24								
Date Signature of applicant								
Note:								
Every application for an exemption shall be submitted a minimum	n of e	eight (8) weeks in a	advan	ce	of the pro	posed	eve	ent.

2. Every person who contravenes any provision of the Noise By-law No. 2002-09, as amended is guilty of an offence and on conviction is liable to a penalty as provided in the Provincial Offences Act.





A MOS					
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.t	<u>thebluemountair</u>	ns.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	Postal code L9Y 0V2 Plan number/other description				
	horized agent of				
	Corporation or par BLUE MOUNTAIN RES				
Street address 190 GORD CANNING DRIVE		Unit number	Lot/con.		
10WN OF BLUE MOUNTAINS	Postal code 9Y 3Z2	Province ONTARIO			
Telephone number (705) 445-0231 Fax (705) 444-1751					
C. Owner (if different from applicant)					
	Corporation or par BLUE MOUNTAIN RESC				
Street address 190 GORD CANNING DRIVE		Unit number	Lot/con.		
TOWN OF BLUE MOUNTAINS	Postal code 9Y 3Z2	Province ON7	TARIO		
Telephone number 443-0231 E-Mail					
D. Event Type (Other events may be considered at the sole discretion of	of Council)				
Charitable Event	Construction	Related	Other		
E. Event Details			_		
Event Name (if applicable): Date	of the Event:	Time of the Eve	ent:		
Pinkney & Wright Wedding Septe	ember, 15 2024	4:00pm - 1:	00am		
Does the Event promote charitable, educational or community objectives?		Yes	✓ No		
Does the Event support the community provincially, nationally or internationally?		Yes	✓ No		
Is the Event financially supported by the Town?		Yes	✓ No		
Have there been any prior noise by-law infractions associated with this event? Yes V 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	n)				
SUPPORTING LOCAL BUSINESSES/WEDDING					
F. Declaration of Applicant (Note: if owner is not the applicant attach the "Authorization to Act as Agent" form)					
KAITI IN BAIL FY					
(print name)		c	ertify 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.					
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.					



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	descr	iption		
	√ At	uthorized agent of	owne	r		
Last name BAILEY First name KAITLIN		Corporation or par BLUE MOUNTAIN RES				
Street address 190 GORD CANNING DRIVE				number	Lot/con	l.
Municipality TOWN OF BLUE MOUNTAINS				Province ONTARIO		
Telephone number (705) 445-0231 Fax (705) 444-175	51					
C. Owner (if different from applicant)						
Last name BLUE MOUNTAIN RESORT First name		Corporation or par BLUE MOUNTAIN RESC		ip		
Street address 190 GORD CANNING DRIVE			Unit number Lot/con.			
Municipality TOWN OF BLUE MOUNTAINS		Postal code L9Y 3Z2	Province ONTARIO			
Telephone number 443-0231 E-Ma						
D. Event Type (Other events may be considered at the sole disc	cretion	n of Council)				
✓ Charitable Event Wedding/ Family Gathering		Construction I	Related	d		Other
E. Event Details						
Event Name (if applicable):	Dat	te of the Event:		of the Eve		
Power of Education Golf Classic	Sep	otember, 19 2024	6:00	0pm - 10):30pm	
Does the Event promote charitable, educational or community objectives	?		٠	/ Yes		No
Does the Event support the community provincially, nationally or internati	onally	?		Yes	✓	No
Is the Event financially supported by the Town?				Yes	✓	No
Have there been any prior noise by-law infractions associated with this event? Yes No						
Description of the source of sound:						
D3						
Proposed provisions to mitigate impact of noise to affected residential pre	emises	3:				
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)						
KAITLIN BAILEY	on the	Addion2ation to A	J. 43 A			
(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:						
Every application for an exemption shall be submitted a minimum of eight (8) weeks in advance of the proposed event.						
Every person who contravenes any provision of the Noise By-law N0. 2002-09, as amended is guilty of an offence and on conviction is liable to a penalty as provided in the Provincial Offences Act.						

Application for a Noise By-law Exemption

This form is authorized under By-law 2002-09





MOUNT			
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: Owner or ✓ Authorized agent of owner Last name BAILEY First name KAITLIN Corporation or partnership BLUE MOUNTAIN RESORTS LE Street address 190 GORD CANNING DRIVE Unit number Lot/con. Municipality TOWN OF BLUE MOUNTAINS Province ONTARIO Postal code Telephone number 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. Province ONTARIO Postal code Municipality TOWN OF BLUE MOUNTAINS Telephone number 443-0231 D. Event Type (Other events may be considered at the sole discretion of Council) Charitable Event Wedding/Family Gathering Construction Related ✓ Other E. Event Details Event Name (if applicable): Date of the Event: Time of the Event: Torkin Manes Lawyer Retreat September, 27 2024 5:00pm - 8:00pm Does the Event promote charitable, educational or community objectives? Yes ✓ No ✓ No Does the Event support the community provincially, nationally or internationally? Yes Is the Event financially supported by the Town? Yes ✓ No Have there been any prior noise by-law infractions associated with this event? No Description of the source of sound: Proposed provisions to mitigate impact of noise to affected residential premises: NATURAL SURROUNDINGS - TREES, ROCK WALL, ETC. Reasons the noise by-law exemption should be support (in the applicant's opinion) SUPPORTING LOCAL BUSINESSES Declaration of Applicant (Note: if owner is not the applicant attach the "Authorization to Act as Agent" form) KAITLIN BAILEY 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 Note: 1. Every application for an exemption shall be submitted a minimum of eight (8) weeks in advance of the proposed event.

- Every person who contravenes any provision of the Noise By-law 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.