Variance Application To Exceed Noise Limits
In Detroit Lakes City Code Section 505

NAME OF APPLICANT: _____

NAME OF ESTABLISHMENT: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

DESCRIPTION OF PREMISE: _____

DAYS AND TIMES APPLICANT PROPOSES TO EXCEED NOISE LIMIT:

DATE: _____ START TIME: _____

END TIME: _____

DATE: _____ START TIME: _____

END TIME: _____

HAS APPLICANT PREVIOUSLY BEEN IN VIOLATION OF ANY CITY CODES?

_____NO

_____YES If yes what was the violation?_____

APPROXIMATE DISTANCE FROM THE PREMISES WHICH THE NOISE WILL BE HEARD: **within approved distance per City Ordinance 505**

SIGNATURE: _____ DATE: _____