



Kansas City Health Department  
Community Environmental Health  
2400 Troost, Suite 3200  
Kansas City, Missouri 64108  
(816) 513-6313 fax(816) 513-6290

Date \_\_\_\_\_  
Permit Number \_\_\_\_\_  
Approved by \_\_\_\_\_  
Denied \_\_\_\_\_  
Check Number \_\_\_\_\_

## Application for Noise Permit (Special Variance)

Name of Applicant/Contact Person \_\_\_\_\_

Address of Applicant \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Type of Sound Source or Activity \_\_\_\_\_

Address/Location of Sound Source or Activity \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Dates of Operation \_\_\_\_\_

Hours of Operation \_\_\_\_\_

**Special Variances:** Special Variances may be granted by the Director of Health to any person requesting a Special Variance for an activity which the director finds in violation of the Noise Ordinance and one that is likely to continue. Not including air conditioning units. (Sec. 46-123(a))

**Conditions:** Non-compliance with any agreed upon conditions specified in the Special Variance by the permittee shall terminate the Special Variance and subject the applicant to those provisions of the Noise Ordinance regulating the source of sound or activity for which the Special Variance was granted. (Sec. 46-124d)

**Filing Fees:** The filing fee for application for Special Permits is \$50.00 per application and shall be valid for up to 120 days. (Sec. 46-126) Additional variance terms shall incur additional fees of \$50.00 per term. (Sec. 46-123(e))

**Term:** Special variances shall last as long as indicated by the Director, but for not more than 120 days. Requests for two (2) more extensions may be made with this initial application, but shall be treated as a separate application subject to review and application fees.

**(Reason for Special Variance) (Attach additional sheets if necessary, explaining why requesting special variance)**

Signature of Applicant

Date

