



CITY OF HOLLY SPRINGS NOISE PERMIT APPLICATION Construction Activities Permit

Contractor Information

(Please Type or Print)

Name: _____

Corporation Name: _____

Address: _____

Phone: _____

Email: _____

Site Information

Location of Request: _____

Owner Name: _____

Contact Name & Phone: _____

Extension Request Details

(Please be as specific as possible)

Additional Hours Requested: _____

Sunday Requested (Y/N): _____

If Sunday Requested, Proposed Hours of Operation: _____

Equipment Used During Extended Hours: _____

Additional Information: _____

(Add additional sheets, if necessary)

By signing below, I agree to abide by the conditions as I have presented in this application during the extended construction hours. I also agree to adhere to any conditions the City may set forth for the approval of this application. Should the applicant or company or any representative, agent, or contractor be found in violation of this permit, approval is subject to be summarily voided and revoked by the City Manager or designee, without notice. I also understand that this permit in no way exempts me or my company from the requirements of the complete noise code, Article III, Chapter 34. A copy of this permit is to remain on site at all times for inspection.

Signature of Applicant: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE

APPROVED: _____ **DENIED:** _____

CONDITIONS: _____

PERMIT BEGIN DATE: _____ **PERMIT EXPIRATION DATE:** _____

CITY MANAGER OR DESIGNEE

DATE