



Please submit form to Planning@brookhavenga.gov

NOISE VARIANCE REQUEST

Subject Property	Address:		
Applicant	Project Name:		Permit Number:
	Name:		
	Address:		
Contractor	Phone:	Fax:	Email:
	Owner's Name:		
	Owner's Address:		
Work Description	Phone:	Fax:	Email:
	Request		
	Date(s):		Start Time:
After-Hours Contact	Reason for Request:		
	Description of Work:		
	Distance from Residential properties (include map):		
Signatures	Company Name:		
	Contact Name:		
	Phone:		Email:
Staff	<i>I certify that all the information presented by me in this application is accurate to the best of my knowledge, information, and belief.</i>		
	Applicant's Name:		
	Applicant's Signature:		Date:
Staff Only			
	Received by:	Signature:	Date:
	Decision:		Date: