NOISE VARIANCE REQUEST

APPLICATION DATE: 04/14/2025
REQUESTING PERSON:
NAME: Lilly Jones
MAILING ADDRESS: 2711 5th Ave CB IA 51501
PHONE NUMBER: 712-406-1041
EMAIL: lillystevenson9@gmail.com
ORGANIZATION/EVENT:
EVENT LOCATION: 2711 5th Ave CB IA 51501
EVENT DATE: 07/04/2025
EVENT TIME: 12:00 PM – 12:00AM

EXPLAIN SOURCE OF NOISE AND SPECIFIC HOURS OF NOISE:
Noise will be music from a speaker, laughing, talking loudly, fireworks

Please return to the City Clerk's Office, 209 Pearl Street, Ste 102, Council Bluffs, IA 51503
Phone Number: 712-890-5261

Please Note: This application is approved/disapproved by the City Council. Applications **MUST** be received 15 days before the event, to ensure enough time to be reviewed by City Council.

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City Council met on_____, 20___, regarding this application requesting noise variance as described above.

APPROVED ( )
DISAPPROVED ( )
APPROVED WITH STIPULATION ( )

The Police have the authority to cease music or require reduction of volume for the remainder of event if complaints are received.

City Clerk

Date