



CITY OF BUFFALO, MINNESOTA

Filing Fee \$25

Date _____

Application for Request of Noise Variance

Applicant Name: _____

Phone Number: _____ Email: _____

Applicant Mailing Address: _____

INFORMATION ABOUT EVENT

Name of Property Owner: _____

Location of Event: _____ Buffalo, MN

Reason for Noise Variance at Event: _____

Date: _____ Time-Frame: _____

ADDITIONAL REQUEST(S) - Services Provided by the Buffalo Police Department

Street Blocking/Barricades – Provide map of streets with indication of which street(s) you wish to have closed off from the general public’s use. Please note that this does not guarantee street closure. The Buffalo Police Department will determine if your request will not interrupt normal traffic flow or complications.

Other – Please indicate: _____

In signing this application, I hereby acknowledge that I have read and fully understand the applicable provisions of the Zoning Ordinances and current Administrative procedure. I further acknowledge the fee explaining as outlined in the application procedures and hereby agree to pay all statements received from the City pertaining to additional application expense.

Signature: _____ Date: _____

See City Code Chapter 26, Sec. 26-19