Miami-Dade Department of Regulatory and Economic Resources REQUEST FOR NOISE ORDINANCE WAIVER

(Form must be signed and notarized by owner or contractor)

DATE		BUILDING PERMIT NUMBER	
	PROJECT IN	FORMATION.	
PROJECT IN			
PROJECT NAME:		PROJECT LOCATION: ADDRESS AND FOLIO	
PROJECT ON-SITE CONTACT NAME:		24 Hour CONTACT PHONE NUMBER:	
START DATE	END DATE	TOTAL NUMBER OF DAYS REQUESTED/DAYS of WEEK (Please note the maximum number of days allowed in 60)	
REASON FOR WAIVER:			
REASON FOR WAIVER.			
Further, under the penalty of perjury, I, being first duly sworn, depose and say that I have read the foregoing application and that the facts stated			
herein are accurate and true, including any boxes checked. I further acknowledge that this application and affidavit is subject to penalties			
of perjury, and acknowledge that Miami-Dade County reserves the right to revoke, cancel, void, or suspend, any permit issued pursuant to any			
application that contains any materially false or fraudulent statements, and acknowledge that continued operation of the uses after the permit is revoked, canceled, voided, or suspended, may subject me to enforcement penalties allowed by law.			
		•	,
APPLICANT NAME			
MAILING ADDRESS		CITY	STATE ZIP
		Citt	31A1E 211
TELEPHONE NUMBER		E-MAIL ADDRESS required	
SIGNATURE		PRINT NAME	
STATE OF FLORIDA, COUNTY OF MIAMI-DADE			
Sworn to and subscribed before me by means of \square physical presence OR \square online notarizations			
thisday of,20, by			
Individual identified by $igsquare$ person	nal knowledge 🔲 satisfactory evid	dence	
		NAME OF INDIVIDUA	AL SWEARING OR AFFIRING
SIGNATURE OF NOTARY PUBLIC _			
PRINT NAME			
			(SEAL)
TYPE OF IDENTIFICATION PROVIDED			,
PRODUCED IDENTIFICATION			
COMMENTS			

