**APPLICATION FOR APPROVAL AS A NON-COMPLYING EVENT**

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| **APPLICANT DETAILS** |
| Applicant: ……………………………………………………………………………………………………Address: ……………………………………………………………………………………………………..………………………………………………………….. Postcode: ………………………………………Organisation: …………………………………………. Phone: ………………………………………….. |

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| **DETAILS OF EVENT** |
| Event: ……………………………………………………………………………………...........................Location: …………………………………………………………………………………………………..Date of Event: ……………………………………………………………………………………………..(Please Note: Applications made within 60 days of event may be refused) |
| Start/Finish Time for erection of stages/seating etc  |  |
| Start/Finish Time for practice/rehearsal & sound checks |  |
| Start/Finish Time for event |  |
| Sound System Supplier/Operator |  |
| Distance from mixing desk to stage |  |
| Distance from front of stage to nearest resident |  |
| Proposed maximum dB (a) level at mixing desk |  |
| Do you have a Complaints Procedure? Y / NIf so, please attach a copy with this application. |

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| Have you previously applied for a Regulation 18 approval for a non complying event?Y / NIf yes, please provide full details of type of event, date, duration and location: ……………………..……………………………………………………………………………………………………………….………………………………………………………………………………………………………………..……………………………………………………………………………………………………………….……………………………………………………………………………………………………………….………………………………………………………………………………………………………………. |
| The following information is included with this application:Site Plan including location of stage, speakers and mixing desk |
| *Application fee may be reduced or waived for organisations licensed under the Charitable Collections Act 1946 and Associations Incorporation Act 2015 and that the money received from the event will be substantially applied for a charitable purpose within the meaning of the Act. Applicant will need to substantiate any fee reduction in writing with supporting documentation.**Note: Monitoring fees may be applicable*Signature: ……………………………………………… Date: ………………………………………….. |

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| ***OFFICE USE ONLY***Health Application Number: ………………………….. CS/CA Officer: ………………………………..Fee Paid: Y / NFee Type: Noise Regulation 18 Application Application Fee/ CEO Waiver  |