



Health Services  
Department  
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**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Please complete the following application for a noise variance permit. The Health Services Department will investigate the application and make a decision in accordance with one of the following sections of the Code of Ordinances of the City of Dubuque.

\_\_\_\_\_ Section 6-5-7(C) – *Special Community Events*: “A temporary variance permit may be issued for special events such as circuses, Fourth of July celebrations and similar community events, which are limited in duration and are generally acceptable to the people of the community; provided that, precautions are taken to maintain the noises produced at the lowest practical level.”

\_\_\_\_\_ Section 6-5-7(B) - *Temporary Permits*: "A temporary variance permit may be issued provided that the work producing such noise is necessary to promote the public health and/or welfare and responsible steps are taken to keep such noise at the lowest possible level."

The following information is required before a *Noise Variance Permit* is issued:

1. Event Name and Description: \_\_\_\_\_
2. Location: \_\_\_\_\_
3. Dates Requested, including days of week: \_\_\_\_\_  
\_\_\_\_\_
4. Beginning Time: \_\_\_\_\_
5. Ending Time: \_\_\_\_\_
6. Equipment/Operation involved: \_\_\_\_\_
7. Steps taken to minimize noise: \_\_\_\_\_
8. Names & phone numbers of responsible persons on-site of operation:  
\_\_\_\_\_  
\_\_\_\_\_

After completing the application, please return it to the Health Services Department, City Hall Annex, 1300 Main Street or email to [cmueller@cityofdubuque.org](mailto:cmueller@cityofdubuque.org). Your prompt attention and completion will expedite the issuance of the requested variance. Thank you.