

Noise Bylaw Special Permit Application

Applicant/Organization Name: _____

Applicant Contact Phone #: _____

ADDRESS of EVENT: _____

DATE of EVENT: _____

HOURS of EVENT: _____

PURPOSE of EVENT: _____

NOTES/SPECIAL CONDITIONS (by Board of Selectmen):

Date _____

Name of Applicant: _____

Address of Applicant: _____

Re: Special Permit; Town Noise By-law.

Dear _____

Please be informed that the Board of Selectmen has reviewed and Approved _____/
Denied _____ your request for a Special Permit (*with conditions, if noted below*), as
provided for under Article 14, May 21, 2001 Annual Town Meeting*, for amplified
music to be held at the above named premises on the following date(s) and time(s):
_____.

Amplified music shall end by 11:00 PM unless otherwise noted below.

Additionally, as a courtesy, we ask that you inform your immediate neighbors of your
intentions.

Yours truly,
West Stockbridge Board of Selectmen
By:

** Bylaw limits each applicant to 3 special permits in a 12-month period.*