

NOISE EXCEPTION APPLICATION

RESIDENTIAL COMMERCIAL

TODAY'S DATE: _____

**ONE APPLICATION PER REQUEST. APPLICATION MUST BE SUBMITTED 3 BUSINESS DAYS PRIOR TO THE REQUESTED POUR DATE.
NON-REFUNDABLE FEE OF \$25 IS DUE PRIOR TO REVIEW FOR EACH REQUEST**

Submit all applications to css@mckinneytexas.org

Building Permit Number # (associated with project:)

Will denial of this request have an adverse impact to public safety? **Yes** **No**

If yes, explain:

If no, complete the following:

Forecasted heat index for requested day: Public Property: **Yes** **No** Private Property: **Yes** **No**

Is the jobsite located (1) within 500' from the nearest property line of any residential district or (2) any real property on which a school, college, hospital, clinic, library, or otherwise noise sensitive facility is situated? **Yes** **No**

Provide a copy of site plan with a 500' circumference circle drawn around the work zone.

Provide a copy of site plan with area of pour.

APPLICANT CONTACT INFO

PROJECT ADDRESS: _____

(Street address)

(Suite)

Subdivision: _____ Lot: _____ Block: _____

Property Owner: _____
(Name) (Address) (City, State, & Zip Code)

(Email) (Phone)

Contractor: _____
(Name) (Address) (City, State, & Zip Code)

(Email) (Phone)

Detailed Scope and Location of Work (please be specific, attach separate sheet if necessary):

DATE OF POUR:

TIME OF POUR:

AM PM

I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A WAIVER DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. **THIS EXCEPTION APPLICATION IS ONLY GOOD FOR THE PROJECT ADDRESS, DATE AND TIME SHOWN.**

Print Applicant's Name: _____ Signature: _____ Date: _____

Phone Number: _____ Email Address: _____

***** FEES *****

TOTAL FEES DUE: \$25.00 PAID BY CHECK IN PERSON or CREDIT CARD VIA THE CSS PORTAL (MUST HAVE ACCESS TO CSS TO COMPLETE)

***** FOR OFFICE USE ONLY *****

Site plan with 500' circumference: **Yes** **No** Site plan with area of pour: **Yes** **No** Paid Fee: **Yes** **No**

Approved Disapproved Signature: _____ Date: _____