



# Lincoln-Lancaster County Health Department

## Air Quality Program

### Noise Variance Application Instructions

This application is in accordance with Lincoln Municipal Code (LMC) Chapter 8.24 – Noise Control Ordinance. Section 8.24.150 grants the LLCHD authority to grant an initial variance from the Section 8.24.090 of the Noise Control Ordinance for a period not to exceed 15 days. Any person seeking an extension of the variance shall file an application with the LLCHD. The decision to grant or deny an application for a noise variance shall be based on the factors contained within Section 8.24.150 paragraph (c). Please provide the following information.

#### **INSTRUCTIONS TO APPLICANT**

1. Noise variance applications will only be considered if the applicant has demonstrated bringing the source of sound or activity for which the variance is sought into compliance with LMC 8.24 – Noise Control Ordinance constitutes an unreasonable hardship on the applicant, community, or other persons. The applicant must provide sufficient documentation demonstrating unreasonable hardship with each noise variance application.
2. All noise variance applications must be filled out on the form provided or submitted through the LLCHD 'Environmental Health Portal'. All applications must be accompanied by a variance fee. The variance fee is stated on the application form, and is established in Lincoln Municipal Code (LMC) Chapter 8.24.150(a).
3. The applicant must submit the completed application to the LLCHD. The Health Director will forward the application to the appropriate law enforcement authority if applicable.
4. Variances and variance extensions shall not become effective until all conditions are agreed to by the applicant.
5. The Health Director will make the final determination to approve or deny issuance of a noise variance. If the variance is denied, the LLCHD will notify the applicant of the reason(s) for variance denial. If the variance is approved, the LLCHD will return the approved variance with specific requirements to the applicant. The approved variance must be made available to law enforcement and the LLCHD at their request for the duration of the approved variance.

#### **GENERAL INFORMATION**

If a noise variance permit is issued, it will contain conditions under which the noise emitting activity shall be conducted. Specific conditions may include, but are not limited to, the following:

1. All reasonable efforts will be made to keep unnecessary noise to a minimum during the period of time stated by the applicant.
2. Amplification levels of all loudspeakers and amplification devices will be kept at a reasonable level.
3. All motorized and stationary power units shall have an adequate muffler on engines to reduce noise as much as possible.
4. Noncompliance with any conditions of the approved variance shall terminate such variance and subject the applicant to those provisions of the noise ordinance regulating the source of sound or activity for which the variance was granted.



# NOISE VARIANCE APPLICATION FORM

Lincoln-Lancaster County Health Department  
Environmental Public Health Division – Air Quality Section  
3131 O Street, Lincoln, NE 68510 ph: (402) 441-8040

[lincoln.ne.gov/City/Departments/Health-Department/Environmental/Air](http://lincoln.ne.gov/City/Departments/Health-Department/Environmental/Air)

LLCHD Office Use Only

Variance Number

Applicant name:

Phone #:

Company, institution, organization, or government entity name: (if applicable)

Applicant address:

Street Address City State ZIP Code

Address/Location of noise activity:

Street Address, OR City State ZIP Code  
Distance & Direction from Nearest Intersection (include Intersection)

Location of noise activity on the property:

Describe the location of the noise emitting activity/activities

Date and time range in which variance is sought:

TIME AM/PM  
MM-DD-YYYY

Thru

TIME AM/PM  
MM-DD-YYYY

Initial variance cannot exceed 15 days.

Indicate why complying with LMC 8.24 would create an unreasonable hardship to you, the community, or other persons. Attach additional documentation as necessary.

I certify that all statements and information contained in this application are true, and agree to abide by all conditions established by the Health Director.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Include payment of \$175.00 fee with this application.**

### <<<<<BOXES BELOW ARE FOR LLCHD & LAW ENFORCEMENT AGENCY USE ONLY>>>>>

APPROVED  DISAPPROVED

Officer: \_\_\_\_\_  
Signature

Officer: \_\_\_\_\_  
Print Name

Police Dept.: \_\_\_\_\_  
(include Team/Area)

Date: \_\_\_\_\_  
MM-DD-YYYY

APPROVED  DISAPPROVED

LLCHD Staff: \_\_\_\_\_  
Signature

LLCHD Staff: \_\_\_\_\_  
Print Name

Date: \_\_\_\_\_  
MM-DD-YYYY

Conditions of approved variance, or reasons for variance denial, shall be attached upon variance approval/denial.

#### **Electronic Funds Transfer Notification**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.