

Application for a Noise Variance

Hobbs Municipal Code - Section 8.20.050

Applicant Inform	nation – Please Print
Applicant Name:	Date:
Applicant Signature:	
Address:	
Contact Phone Number:	
Event I	nformation
Event Description:	
Location of Event:	
Beginning/Ending Time of Event:	
Type of Noise:	
Will Alcohol Be Served/Provided Yes	No
Will Security Be Provided: Yes	No No
Close to Residences: Yes	No
Additio	onal Notes
Approval - O	official Use Only
Hobbs Police Department:	Date:
City Manager:	
City Mariager.	Date
Submit Completed Application to:	Date Received
City Manager's Office	
200 East Broadway Hobbs, NM 88240	·
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