



ADDENDUM C
CITY OF MAPLE RIDGE
NOISE RELAXATION FOR FILMING

Please include all relevant information and provide supporting documents if necessary.

| | |
|-----------------------------|-------------------------|
| Date of Request | Project Name: |
| Production Company Name: | Location Manager Name: |
| Production Company Address: | |
| Location Manager E-mail: | Location Manager Phone: |

Noise Bylaw Relaxation Request for Film Production

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|--|
| Site or Location Name if Applicable (Business name, Park, Facility, Residence): |
| Film Location Address: |
| Circus Site or Location Name if Applicable (Business name, Park, Facility, Residence): |
| Circus Address: |
| Description of Activities: |
| <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="radio"/> Both |

Filming Details

| | |
|-------------|-------------|
| Start Date: | Start Time: |
| End Date: | End Time: |

Equipment Trucks and Circus Details

| | |
|-----------------|-----------------|
| Arrival Date: | Arrival Time: |
| Departure Date: | Departure Time: |

Office Use

| |
|---|
| <input type="radio"/> Approved <input type="radio"/> Declined |
| Comments: |



11995 Haney Place
Maple Ridge, BC
V2X 6A9
Hours: M-F 8 am to 4 pm

FILM COORDINATOR
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