

**Village of Briarcliff Manor Chapter 146**  
**Noise Law Affidavit of Complaint**

Complainant: (First and Last Name and Full Address REQUIRED)	Owner: (First and Last Name and Full Address REQUIRED)
Complainant Phone Number (REQUIRED) and Email Address	Owner Phone Number and Email Address (If Known)
SELECT VIOLATIONS (REQUIRED)	

Other than the exceptions provided by Chapter 146, any noise produced by any act or activities plainly audible from adjacent properties between the hours of 6:00 p.m. and 8:00 a.m., or at any time on Sundays and holidays, shall be prima facie evidence of a violation. Holidays are New Year's Day; Dr. Martin Luther King, Jr., Birthday; Lincoln's Birthday; Columbus Day; Election Day; Veterans' Day; Washington's Birthday; Easter; Memorial Day; Independence Day; Labor Day; Yom Kippur; Thanksgiving Day; and Christmas.

146-5A Excessively loud noise, residential districts  
 8am to 6pm  6pm to 8am  Sundays or holidays

146-5B Excessively loud noise, commercial districts  
 8am to 6pm  6pm to 8am  Sundays or holidays

146-6A Construction Activity, after permitted hours

146-6D Property Maintenance, after permitted hours

146-6E Celebrations, excessive noise or after permitted hours

146-6G Animal sounds  
 exceeding 10 continuous minutes between 7am to 9pm  exceeding 5 continuous minutes all other times

146-6P Fireworks  
 School Night  Lasting more than 30 minutes  After 10pm

All other noise-related complaints

Location Violation Occurred (address / intersection) (REQUIRED)	Date of Violation (REQUIRED)	Time of Violation (REQUIRED)

**Statement of Facts (REQUIRED) (Please give a narrative of incident that occurred)**


If additional space is needed to complete the statement of facts, please use additional sheets. (Do not write in the notary section or on the back of this form.)

State of New York, County of Westchester:

I Hereby Certify that on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ before me, the subscriber, a notary public of the State of New York, in and for Westchester County, personally appeared \_\_\_\_\_ who made oath in due form of law that the matters and facts set forth in this Affidavit of Complaint are true.

As WITNESS my hand on Notarial Seal

\_\_\_\_\_  
**Signature of Complainant**

\_\_\_\_\_  
**Notary Signature and Expiration Date of Commission**

Please send completed form to Briarcliff Manor Code Enforcement Officer

1111 Pleasantville Road, Briarcliff Manor, NY 10510

For questions, please call 914-944-2770