

APPLICATION FOR SOUND PERMIT

Date: _____

Name of Company or Organization: _____

Address: _____ Phone# _____
 (Street Address, City, Zip)

Name of Person Making Application: _____

Address: _____ Phone# _____
 (Street Address, City, Zip)

Operator of Equipment: _____

Address: _____ Phone# _____
 (Street Address, City, Zip)

Owner of Equipment
 if other than above _____

Address: _____ Phone# _____
 (Street Address, City, Zip)

Location of intended
 use: _____

Type of Business or
 Activity: _____

Date to be used: From: _____ To: _____

Hours: From: _____ To: _____

Wattage of Equipment to be used _____

Noise (in decibels) at (Directly in front of equipment)	50'	100'	500'
Noise (in decibels) at (Directly in front of equipment)	50'	100'	500'

Wattage and decibels checked by _____
 Land Use Officer

Signature of person making application: _____ Date: _____

DATE	RECEIPT NO.	APPLICATION FEE INCLUDES 1 ST DAY	DAILY FEE AFTER 1 ST DAY	PERMIT NO.	DATE ISSUED
		\$ 93.00	\$ 47.00		