

**APPLICATION FOR NOISE PERMIT AND/OR REQUEST FOR
WAIVER FROM CITY NOISE ORDINANCE**

CONTACT INFORMATION

Name of Organization _____ Organization Phone No. _____
Contact Person: _____ Contact's Phone No. _____
Address _____ City _____ State _____ Zip _____

EVENT INFORMATION

Type/Purpose of Event _____
Location of Event _____ Estimated Number to Attend _____
Date(s) of Event _____ Time(s) of Event _____

PERMITS ARE NON-TRANSFERABLE.

NATURE OF REQUEST (NOISE PERMIT/WAIVER)

FOR OFFICE USE ONLY

APPLICATION RECEIVED (DATE/TIME): _____ BY _____

Comments: _____

APPROVAL/DISAPPROVAL

CITY MANAGER DATE Approved Disapproved

Comments _____

