

AMPLIFIED SOUNDS PERMIT/APPLICATION

(Please print or type clearly)

FEE \$25.00

Date of application: _____

Please complete the following:

1. Name, address and phone # of responsible party: _____

2. Address where sound will be played: _____

3. Dates and times sound will be played: _____

4. General description of sound amplifying equipment:

5. Maximum sound producing power of the equipment to be used, including wattage, volume and decibels of the sound and approximate distance that the sound will be projected:

6. Provide addressed, stamped envelopes with the names and mailing addresses of the owners and occupants of property located within one hundred feet from the location of the amplified sound source. The one hundred feet shall be measured to a structure or improvement on the property. If there is no structure or improvement within one hundred feet of the sound source, the names and addresses need not be submitted. **Applications not containing this information will not be accepted.**

PERMIT

(Only valid if signed by Town Administrator)

Public Hearing Date: _____ Approved _____ Denied _____

Persons present at Public Hearing:(use reverse if necessary)

Comments:

Special Conditions: (see page 2):

Town Administrator

AMPLIFIED SOUNDS PERMIT/APPLICATION

Special Conditions (from Page 1)

This Permit is subject to compliance by the applicant with all of the representations and conditions contained in the application and that the source of amplified sound shall not be less than 100 feet from any structure or improvement on the surrounding properties.