



SPECIAL SOUND PERMIT

Name of Event: _____

Date (s) of Event: _____

Event Time *From:* _____ *To:* _____

Location of Event: _____

Name of Applicant: _____ *Phone:* _____

Contact Person _____ *Phone :* _____
(If different from applicant)

On-site Contact Person _____ *Phone :* _____
(If different from applicant)

Please Complete the Information on the Reverse Side of this Form & Sign Before Submitting

Approved:

Approved with Conditions:

Sponsor agrees to reduce sound levels if a complaint is received.

Denied with Reasons for Denial:

Todd Kucharski , General Manager
Deborah Perez, Auditorium Manager

Date

1. Explain the nature of event & importance to general community.

2. Explain the potential benefit to City or general public.

3. Size of event (Estimated Attendance).

4. Explain how granting the sound permit will not be contrary to public health, safety, and welfare of residents & establishments or neighborhoods.

5. Would granting of a sound permit be appropriate & compatible to the existing uses of the contiguous & surrounding properties?

6. Will granting of a sound permit establish a precedent of or encourage more incompatible uses in the surrounding area?

7. Explain how the enforcement of Chapter 20 pertaining to sound without the sound permit would create an undue hardship on you because of the unique circumstances particular to this event.

8. What sound attenuation methods will you use to lessen the potentially adverse impact associated with the grant of the sound permit?

Applicant Signature

Title

Date