

REQUEST FOR A CLASS "D" NOISE PERMIT

An application fee is required – see back of this page

Your Name: _____

Name of Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Name of and type of Your Event: _____

Reason why the Permit is Necessary: _____

Physical characteristics of involved sound (amplification, number of speakers, and type of music, e.g., Country Western, Rock, Fireworks, etc.) _____

Location and address where sound will be generated: _____

Please attach or draw on the reverse side of this form a diagram of the general location, showing surrounding streets, the location of any sound equipment, and where your audience will be situated.

Date(s) and time period(s) when the sound will be generated: _____

Signature: _____ Date: _____

(You must apply at least 45 calendar days prior to event. Your decision will be made within 30 calendar days)

(DO NOT WRITE BELOW THIS LINE)

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___ Was notification sufficiently made by the applicant under SRC 51.040?

___ Your request for a Class "D" Noise Permit has been DENIED (see attachment)

___ Your request for a Class "D" Noise Permit has been APPROVED subject to the following provisions on the date(s) and time(s) of your request:

___ If in the sole judgment of any Police Officer, exercised in good faith, the sound level becomes a Noise Disturbance as defined in SRC 93.005(e)(1) or (3), said Officer shall have the authority to modify this permit and require that the sound source be adjusted. This adjustment may include, but is not limited to, its cessation, re-directing speaker placement, limiting volume output, or any other similar requirement.

___ Volume of the sound source is limited to _____ at a point measured _____ feet from the source of the sound.

___ OTHER: _____

CITY HEALTH OFFICER: _____ DATE: _____

CC: Force Commander, Salem Police Department