



COLLIER COUNTY GOVERNMENT
GROWTH MANAGEMENT DIVISION
www.colliergov.net

2800 NORTH HORSESHOE DRIVE
NAPLES, FLORIDA 34104
(239) 252-2400 FAX: (239) 252-6358

AMPLIFIED SOUND PERMIT

Code of Laws and Ordinances section 54-92
Chapter 4 J.1 of the Administrative Code

Permit Number: _____ Application Date: _____

APPLICANT CONTACT INFORMATION

Owners Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ Cell: _____ Fax: _____

E-Mail Address: _____

Applicant Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ Cell: _____ Fax: _____

E-Mail Address: _____

EVENT INFORMATION

Type: (Check all that apply)

Non-Amplified

Non-Enclosed

Amplified

Enclosed

Community Event

Description of Event: _____

Hours of Operation: _____

Hours of Music: _____ (any other time is a violation)

Identification of sound, method, number of loudspeakers and other amplifying devices to be used: _____



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BUSINESS OR ESTABLISHMENT INFORMATION

Business or Establishment where music will be produced: _____

Property ID Number: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ E-Mail Address: _____

Current Zoning Classification: _____

SUBMITTAL REQUIREMENTS

See Chapter 4 J.1 of the Administrative Code for additional information regarding submittal requirements. The following items are to be submitted with the completed application packet:

- Completed Application (download current form from County website)
- A sketch and description of the area in which the event will occur on the property
- A narrative description of any factors which might mitigate the impact of close proximity of the activity to adjacent residential use or zoning

Fee Requirements:

- Amplified Sounds Permit: \$300.00

All checks payable to: Board of County Commissioners

The completed application, all required submittal materials and the permit fee shall be submitted to:

Growth Management Division/Planning and Regulation
ATTN: Business Center
2800 North Horseshoe Drive
Naples, FL 34104

I hereby certify that I am the owner or authorized agent of the above stated business/establishment:

Property Owner/Authorized Agent

Date

Printed Name/Title