

AMPLIFIED SOUND PERMIT APPLICATION

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

Permit	Number
-	

APPLICANT CONTACT INFORMATION				
Owners Name				
Address				
City		State	Zip	
Telephone	Cell			
Email Address				
Applicant Name				
Address				
City		State	Zip	
Telephone	Cell			
Email Address				
EVENT	INFORMATI	ON		
Type (check all that apply):				
Amplified	Non-Enclosed			
Community Event	Enclosed			
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 OF ESTABLISHMENT INFORMATION

Business or Establishment where music will be produced:		
Property ID Number:		
Address		
City	State	Zip
Telephone		
Email Address		
Current Zoning Classification		
SUBMITTAL RE	QUIREMENTS	
See Chapter 4 J.1 of the Administrative Code for additional following items are to be submitted with the completed ap Completed application (download current form A sketch and description of the area in which the A narrative description of any factors which mig to adjacent residential use or zoning.	plication packet: from County website) e event will occur on the pro	pperty
FEE REQUII	REMENTS	
Amplified Sound Permit:		\$300.00
I hereby certify that I am the owner or authorized a	gent of the above stated bu	siness/establishment.
Property Owner/Authorized Agent	Date	
Printed Name/Title		
Please submit the completed application online via the GM	D Public Portal.	
If you need assistance submitting your application online, p	please review the E-Permitting	ng Guide.