

HAMLIN TOWNSHIP AMPLIFIED NOISE ORDINANCE #57

PERMIT APPLICATION

This application is for a Special Permit for temporary relief from the requirements of the Hamlin Township Amplified Noise Ordinance #57. The permit is good for a period not to exceed twenty-four (24) hours.

APPLICANTS NAME _____

APPLICANTS ADDRESS _____ CITY _____

STATE _____ ZIP _____

PHONE NUMBER _____

DATE OF EVENT _____ START TIME _____ END TIME _____

LOCATION OF EVENT _____

EVENT TYPE _____

TYPE OF AMPLIFIED SOUND EQUIPMENT TO BE USED _____

FREE PERMIT

\$200 ADDITIONAL PERMIT

PERMIT NUMBER OF ALLOWED 30 _____

I understand that if approved, the Township Board may prescribe any conditions or requirements deemed necessary to minimize adverse effects upon the community or the surrounding neighborhood. I also understand this permit is only applicable to the above listed date and times.

APPLICANT SIGNATURE _____ DATE _____

TOWNSHIP USE ONLY

DATE RECEIVED _____ TOWNSHIP BOARD MEETING DATE _____

\$200 IF APPLICABLE PAID ___/___/___ RECEIPT NO. _____ DENIED ___ APPROVED ___

CONDITIONS OF APPROVAL _____

TOWNSHIP SUPERVISOR SIGNATURE _____ DATE _____

TOWNSHIP CLERK SIGNATURE _____ DATE _____