



PERMIT FOR AMPLIFIED SOUND

Complete this application and submit to the Office of the Chief of Police at least 45 business days in advance for processing. Failure to submit by this deadline and/or include all necessary information for processing may result in the denial of this permit. Print legibly.

Applicant's Name: _____

Address: _____ **Phone #:** _____

Email Address: _____

Organization: _____ **Address:** _____ **Phone #:** _____

Type of Event/Name of Event: _____

Event Address: _____

Type of Sound Producing Equipment: _____

Location on Property Where Sound Equipment Will be Used: _____

**Attach map of the event area and ensure detail of where sound equipment (DJ/Band/Speakers etc.) is located. Every effort should be made to reduce the impact of noise to the surrounding properties.*

Date of Event: _____ **Requested Hours of Use:** _____ (am/pm) to _____ (am/pm)

Will amplified sound be used in conjunction with a parade or demonstration? Circle YES or NO
If YES, a parade/demonstration permit request form must be submitted with this form.

Will this event be held on private property? Circle YES or NO. If located on private property not controlled/owned by you, attach legible, written permission from the owner, including name, address, phone number and email address. We will verify with the property owner that you have received permission.

Will this event be held on Town Property? Circle YES or NO. Town property is considered any Town Facility, Town Park, Town Sidewalk, Town Street, and/or any other Town Owned Property. If YES, this event must have received prior approval from the appropriate Town Department and/or by the Board of Commissioners (as required) for the use of the property prior to the submission of this permit. A Special Event Permit Application may be required in addition to this form.

By signing this form, I acknowledge this is a request to utilize amplified sound at the above listed location and consent to a site inspection by the Fuquay-Varina Police Department to review any Sound Producing Equipment as part of this request. I understand that the Fuquay-Varina Police Department enforces Town Codes as it relates to Nuisances and Prohibited Noises in Town. I further understand that the Police Department may, at any time, cancel this permit if any complaints are received regarding unreasonably loud noise in the town of such character, intensity, and duration as to be detrimental to the life or health of any individual or declared a nuisance per Town Code 8-7001 and/or 8-7002 or if any Town Code, State or Federal Laws are violated. Upon cancellation of the permit, I understand that I must cease all amplified sound immediately. I further acknowledge that failure to adhere to Town Codes and Ordinances pertaining to Nuisances may result in civil and/or criminal charges.

Applicant's Signature: _____ **Date Signed:** _____

Internal Use Only Below this Line – For Review by the Chief of Police or his/her Police Department designee

Approved: NO or YES for Date/Time(s) Specified: _____

Comments and/or Conditions: _____

Authorized By: _____ **Date Signed:** _____