

**CITY OF CHATTANOOGA
APPLICATION FOR NOISE PERMIT
DIVISION OF INSPECTION
(423) 757-5105
(ORDINANCE NO. 11273 – ATTACHED)**

Application Date: _____
(Note: Minimum 15 working days prior to event date)

Applicant: _____
Address: _____

Phone Number: _____

EVENT LOCATION: _____
(Address)

EVENT NAME: _____

TYPE OF EVENT: _____

Beginning : _____ **Ending:** _____
Date Time Date Time

NUMBER OF EVENT HOURS _____

Note: 1,000 persons or more, limited to 20 hours per year
Others limited to 10 hours per year

IF APPLICABLE (per Section 25-71(b):

ADDITIONAL AMPLIFICATION NOTICE: Provided _____
Not Provided _____

**RESPONSIBLE PARTY FOR
THE AMPLIFICATION EQUIPMENT:** _____

Applicant's Signature **Date**

APPROVED: _____
Building Official **Date**