

## Municipality of Anchorage, Department of Health & Human Services **ENVIRONMENTAL SERVICES DIVISION**

825 L Street, 3rd floor • P.O. Box 196650 • Anchorage, AK 99519-6650 • (907) 343-4200 fax (907) 343-4786 www.anchorage.ak.us



## **NOISE PERMIT APPLICATION** Please submit at least 20 days prior to the commencement of the noise. (IAW AMC 15.70.070.B)

Name of Applicant (Please Print):		Date:Phone:		
Name of Organization / Company:				
Mailing Address:				
Type of activity: Construction	Explosives, firearms, fireworks	Public event	Snow removal	Motor vehicle racing
Dates and times of planned activity: _				
Location(s) of activity (street address of	or legal description):			
Description of event, noise source(s),	equipment:			
Estimated noise level(s) during event:				
Number of persons expected to attend	or participate:			
Zoning of location and surrounding are (e.g. residential, industrial, business		Distance to n	earest residential prop	perty line
Demonstration of need for permit: Wh permit is not granted? (See AMC 15.7				
Describe any actions you intend to ta documentation if necessary.	ke to abate the impacts of th	e noise created by t	he planned activity.	Please attach supporting
Signature of	Applicant			Date
Permit is:Denied See Below	A	pproved, Subject to condition	s listed on Permit #	