

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:		
Name of Organizat	tion / Company:			Phone:		
Mailing Address:						
Type of activity:	Construction	Explosives, firearms, fireworks	Public event	Snow removal	Motor vehicle racing	
Dates and times of	f planned activity:					
Location(s) of activ	vity (street address or	legal description):				
		quipment:				
Number of persons	s expected to attend	or participate:				
	and surrounding area , industrial, business		Distance to n	earest residential prop	perty line	
		are you requesting the perm 0.070B) Attach additional she				
Describe any actic documentation if no		e to abate the impacts of th	e noise created by t	he planned activity.	Please attach supporting	
FOR OFFICAL LISE ONLY	Signature of A	Applicant			Date	
Permit is:Denied	See Below	A	pproved, Subject to condition	ns listed on Permit #		
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