

Municipality of Anchorage Anchorage Health Department Environmental Health Services 825 L St Street 907-343-4200 www.muni.org/EHonline



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 Organization / Company:				Phone:	Phone:	
Email Address:						
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 activ	ity (street address or	legal description):				
Description of even	nt, noise source(s), e	quipment:				
Estimated noise lev	vel(s) during event:					
Number of persons	s expected to attend of	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 actio documentation if ne		e to abate the impacts of th	e noise created by t	he planned activity.	Please attach supporting	
	Signature of A	Applicant			Date	
FOR OFFICAL USE ONLY Permit is:Denied	See Below	A	pproved, Subject to condition	ns listed on Permit #		

G:\ESD\FS&S\Noise\Noise Permits\Noise Permit SOPs.advertising.etc\noise permit Application.doc REV 04/25/2022