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: _____

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 activity (street address 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 area: _____ Distance to nearest residential property line _____
(e.g. residential, industrial, business)

Demonstration of need for permit: Why are you requesting the permit? What hardship will result for you, the community or others if the permit is not granted? (See AMC 15.70.070B) Attach additional sheets or supporting documentation if necessary.

Describe any actions you intend to take to abate the impacts of the noise created by the planned activity. Please attach supporting documentation if necessary.

_____ _____
Signature of Applicant Date

FOR OFFICAL USE ONLY

Permit is: _____Denied See Below **_____Approved, Subject to conditions listed on Permit #_____**