



TOWN OF ABINGDON

APPLICATION FOR SOUND PERMIT

Location of Property	Street Name	
	City, State, Zip Code	Parcel Number
Applicant Information	Name	
	Mailing Address, City, State, Zip Code	
	Select Applicant Relation to Property below: <input type="checkbox"/> Property Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Other:	Email
Project Description	Business Name	
	Phone	
	Event Date	Event Time
	From: <input type="checkbox"/> AM <input type="checkbox"/> PM To: <input type="checkbox"/> AM <input type="checkbox"/> PM	
	Where will the loudspeaker or amplification equipment be used:	
	Hours the loudspeaker or amplification equipment will be used:	
From: <input type="checkbox"/> AM <input type="checkbox"/> PM To: <input type="checkbox"/> AM <input type="checkbox"/> PM		
Why is a loudspeaker or amplification equipment needed?		
Applicant Signature	I have reviewed the following sections of the Town of Abingdon Code regarding Article II on Noise: Section 30-33 Exemptions; Section 30-34 Issuance of Permits; and Section 30-35 Enforcement and Penalties.	
	I agree to follow all regulations and conditions as listed on the Sound Permit. In addition, should the regulation and condition not be complied with, I will cease operation of the sound amplification equipment or loudspeaker. I understand that failure to do so will be in violation of the provisions as specified in Article II of the Code of the Town of Abingdon, dealing with noise. I understand I am required to follow the following conditions: 1) the only sound permitted will be that of music and/or human speech; 2) the permit is valid on the date and hours specified in the application and approved by the Community Development Department; 3) human speech and music amplified shall not be lewd, indecent, slanderous, or inciting to riot or other unlawful conduct; and 4) I must operate with any other restrictions as noted on this permit by the Town Manager. I understand that if complaints are received, the sound level must be adjusted to a level that the on-duty police supervisor deems reasonable and failure to comply with any provision listed will result in revocation of the permit. I certify all answers to questions and additional statements, within this application for permit, are true, as confirmed by my signature below.	
	Applicant (Print Name)	Signature of Applicant
		Date

Office Use Only	
The permit application is <input type="checkbox"/> Approved <input type="checkbox"/> Denied for use on event date _____	
from _____ <input type="checkbox"/> AM <input type="checkbox"/> PM to _____ <input type="checkbox"/> AM <input type="checkbox"/> PM.	
_____ Signature of Town Manager	_____ Date