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PRINCETON
400 Witherspoon Street
PRINCETON, NEW JERSEY 08540
ATTN: ADMINISTRATOR
Application for Noise Permit

Date: _____

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ EMAIL ADDRESS: _____

ORGANIZATION NAME: _____ PRESIDENT OF ORGANIZATION: _____
ADDRESS: _____ ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

Individual in charge of event where amplification will occur _____
Address: _____
Phone Number: _____

Alternate individual in charge of event where amplification will occur
Address: _____
Phone Number: _____

LOCATION OF EVENT: _____
(Street Address) _____

DATE OF EVENT: _____

STARTING TIME OF EVENT: _____ a.m. [circle p.m. one] ENDING TIME OF EVENT: _____ a.m. [circle p.m. one]

REQUESTED STARTING TIME OF AMPLIFICATION: _____ a.m. [circle p.m. one]

REQUESTED ENDING TIME OF AMPLIFICATION: _____ a.m. p.m. [circle one]

FOR OFFICE USE ONLY

PERMIT # _____
APPROVAL DATE _____

[SIGNATURE OF APPLICANT]