

**CITY OF STONE MOUNTAIN
875 MAIN STREET
STONE MOUNTAIN, GA 30083
770-498-8984, FAX 770-498-8609**

NOISE PERMIT REGISTRATION

APPLICANT NAME: _____
TYPE OF EVENT: _____
LOCATION OF EVENT: _____
DATE AND TIME: _____
NUMBER OF PEOPLE EXPECTED: _____
CONTACT PERSON: _____
CONTACT #: _____

This permit was approved by the Chief of Police on _____, 20___. This event has been authorized by the Chief of Police to use sound or equipment not to exceed an audible distance of 100 feet from 7:00 a.m. to 11:00 p.m. Sunday through Thursday and 7:00 a.m. to 12:00 a.m. on Friday and Saturday (City Noise Ordinance 15-1).

CHECK THE TYPE OF EVENT:

- _____ Public Health and Safety Purposes
_____ Outdoor Concerts and Theatrical Performances
_____ Outdoor Neighborhood Functions
_____ Civic and Religious Celebrations
_____ Recreational and Athletic Activities

Chief of Police Signature

Date