



P.O. Box 86, 803 Eighth St. | Baldwin City, KS 66006 | (785) 594-6427 | FAX 594-6586 | www.baldwincity.org

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## Temporary Noise Permit Application

Date of Application: \_\_\_\_\_ Date(s) of Events: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Applicant's Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address, if Different: \_\_\_\_\_

Name of Group for which the Event is planned: \_\_\_\_\_

Location and Address of Event: \_\_\_\_\_

Time of Event (starting and ending): \_\_\_\_\_

Do you anticipate the need for Police, Fire or other Municipal Services? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

My signature below indicates that I will comply with the following permit requirements.

According to CHAPTER XI, Article 3 of the code of the City of Baldwin City, the applicant has attached to this application the specific reason why he or she will not be able to meet the established noise levels.

The applicant has contacted all residents of properties within 400 feet of the property in question and none oppose the special waiver being requested.

Resident's Contacted:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_



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Name: \_\_\_\_\_ Address: \_\_\_\_\_

The applicant has notified and receive permission from the property owner if the property is not the applicant's.

The special waiver will expire at 10:00 p.m. on Sunday through Thursday evenings and midnight on Friday and Saturday evenings.

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE PERMIT REQUIREMENTS COULD RESULT IN FINES AS PERMITTED BY CHAPTER XI, Article 3 OF THE CODE OF THE CITY OF BALDWIN CITY.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Total Number of Days: \_\_\_\_\_

Date/Initials Chief of Police Approved/Notified: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_