



KCMO Health Department
 Environmental Public Health Program
 2400 Troost Ave, Suite 3000
 Kansas City, MO 64108
 (816) 513-6315 Fax—(816) 513-6290

Application for Noise Permit (One-time Events)

 Name of Event

 Purpose of Event

 Type of Noise

 Address/Location of Event

 City

 State

 Zip Code

 Dates of Operation

 Hours of Operation

 Name of Applicant/Sponsor

 Address of Applicant

 City

 State

 Zip Code

 Phone Number

 Fax

 Email

Conditions:

Non-compliance with any agreed upon conditions and specified time of the permit shall terminate the permit and subject the permittee to those provisions of the Noise Ordinance regulating the source of sound or activity for which the special permit was granted.

NOTICE: Noise permits, as waivers of the City's requirements under Sec.46-124, will be valid only on weekdays (Sunday through Thursday) until 10:00PM and on weekends (Friday through Saturday) until 12:00 AM. For events occurring on the evening prior to a National Holiday, waivers will be permitted until 12:00AM, regardless of the day of the week.

Block Party/Street: Yes _____ No _____ if yes, block party permit number _____

Filing Fees: The fee for application for Noise Permit is \$50.00 per event. (Sec. 46-126). **Application and fee should be submitted two (2) weeks prior to the event. No refunds will be given if event is cancelled.**

I have read and agree to the conditions, Rules and Regulations and Ordinance governing the issuance of this special permit.

Applicant Signature: _____ Date: _____

Office Use only:		
Approved:	Permit #:	Payment:
Denied:		