



RETURN SIGNED APPLICATION TO:
 Attn: Public Service & Safety Dept.
 City Administration Building
 1131 Steubenville Avenue
 Cambridge, OH 43725

NOISE PERMIT APPLICATION

Date Submitted: ___/___/___

Individual Responsible:

Last Name:	First Name:	Cell Phone:	Other Phone:
Street Address:			
Email Address (Used to return your signed—approved or denied—application to you):			

Application MUST include phone numbers that will be active during this event!

Sponsor/Organization Information:

Sponsor/Organization Name:	Phone:
Street Address:	

Event Information:

Event Name (Attach a flyer/brochure for this event, if possible):			
Event Description:			
Exact Location of Event:			
Event Date:	Start Time:	End Time:	# of Participants:
# of Permits this Calendar Year:	The undersigned below hereby acknowledges receiving a copy of the City of Cambridge – Noise Ordinance and understands that he/she is responsible for compliance with all terms and conditions.		

Signature of Authorized Personnel

Date

In case of any issues, copies of the approved permit application will be given ahead of time to:

- The Cambridge Police Department
- The Applicant

For Office Use Only:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reason:
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Robert Rocky F. Hill, Public Safety Director

Date