

City of Cambridge — Public Safety 814 Wheeling Avenue, Cambridge, OH 43725 Email: mayor-assist@cambridgeoh.org Office: 740-439-1240 | Fax: 740-435-0496

NOISE PERMIT APPLICATION

	Date Submitte	ed:/	
	-	_	ed for road closures; and uires City Council approval).
dividual Responsible:	reca notice for alcohor,	permit requests (req	unes dicy dounen approvary.
Last Name:	First Name:	Cell Phone:	Other Phone:
Street Address:			
Email Address (Used to	return your signed—ap	proved or denied—a	pplication to you):
Application MU	ST include phone num	bers that will be acti	ve during this event!
onsor/Organization Inf	ormation:		
Sponsor/Organization Name:			Phone:
Street Address:			
vent Information: MUST Event Name (Attach a fl			GHTING ALL ROUTES.
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
	copies of the approved p ge Police Department		l be given ahead of time to: Applicant
or Office Use Only:			
☐ Approved ☐ De	nied Reason:		
Robert Rocky F. Hill, Public Safety Director			