



Amplified Sound Permit & Consent for Amplified Sound



Name: _____

Permit Number: _____

Event: _____

Event Date(s): _____

Location: _____

Event Hours: _____

What type of Amplified Sound will you be using? (Please Check All That Apply)

- Speech

 Music

 DJ

 Live Entertainment

Hours of Amplified Sound: _____

Day(s) of the Week: _____

Sound Check Hours: _____

Equipment Information:

- Maximum Wattage of Sound System: _____ watts
- Volume in Decibels during the event: _____ dB*
- Approximate Distance Sound will be audible: _____ ft.**

Equipment Owner:

Name: _____

Phone #: _____

Sound Engineer:

Name: _____

Phone #: _____

On-Site Contact During Event:

Name: _____

Phone #: _____

CONSENT FOR AMPLIFIED SOUND

NOTE: Amplified Sound Permit requests must be accompanied with a Consent for Amplified Sound (2nd page of this application). Completion of the Consent for Amplified Sound is required before the permit will be approved.

* Noise Level is not to exceed 15 decibels above the ambient noise level at the nearest residential property CMC 9.24.020 Amplified Sound- Regulations.

** Audible Distance not to exceed 100 ft.



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Corona Municipal Code 9.24.020 prohibits amplified sound equipment on public property within 200 ft. of any church, school, hospital, or city or county building without prior written consent. The applicant is required to obtain consent from the above properties to complete the amplified sound clearance process.

PLEASE CHECK ONE, THEN SIGN AT THE BOTTOM:

- This event will not be within 200 feet of a Church, School, Hospital, or City or County Building.
- This event WILL be within 200 feet of a church, school, hospital, or City or County building. (Take this application to the property/(ies) and obtain a signature from a property site manager or someone who is authorized to sign on behalf of the property

Name of Organization/Property: _____

Address: _____ Phone #: _____

I am duly authorized to act on behalf of _____ ,
and consent to the use of amplified sound as requested in the attached Amplified Sound Request.

Signature: _____

Printed Name: _____ Title: _____

Date of Notification: ____/____/____

Name of Organization/Property: _____

Address: _____ Phone #: _____

I am duly authorized to act on behalf of _____ ,
and consent to the use of amplified sound as requested in the attached Amplified Sound Request.

Signature: _____

Printed Name: _____ Title: _____

Date of Notification: ____/____/____

APPLICANT'S SIGNATURE: _____ DATE: _____