

SOUND AMPLIFICATION PERMIT

TOWN OF BOLTON

PO Box 7, Bolton Landing, NY 12814

Phone: (518) 644-2444 Fax: (518) 644-2476

A permit MUST be obtained BEFORE an applicant can conduct a use involving the amplification of sound. Although not required, it is recommended that you or a representative attend the regular scheduled Town Board meeting. This permit is issued to the applicant only and it is not assignable or transferable to any other persons or entities.

APPLICANT: Phone:

Mailing address:

City, State, and Zip Code:

BUSINESS NAME/OWNER: Phone:

Mailing address:

City, State, and Zip Code:

Location of property (911 address):

Tax map: Section: Block: Lot: Zone:

TYPE OF EVENT: Non-commercial/private permit

..... Commercial permit(s) outside GB 5000 or RCH 5000 Zoning District

..... Commercial permit-issued inside the GB 5000 or RCH 5000 Zoning District within the period of Memorial Day weekend-Labor Day weekend, and on Columbus Day weekend

DATE(S) OF EVENT:

HOURS OF DURATION: **NUMBER OF MUSICIANS:**

Describe the impact upon surrounding parcels within 500 feet: _____

Describe the measures taken to reduce the impact upon surrounding parcels within 500 feet.

Have you received a copy of the Town of Bolton's Noise Ordinance and advised the musicians that they must comply?

The applicant acknowledges the importance of compliance with all requirements of Town of Bolton Ordinance # 22 and upon issuance of a permit for permission to broadcast amplified sound from the designated premises, the applicant and all agents acting on behalf of the applicant shall conform to all specifications of permit including date(s) time(s), duration, and volume limitation(s) of projected or broadcast sound not to exceed 75 dBA when measured at or within the real property line of receiving properties.

The Applicant, as owner or by authority of the owner of the premises seeking a permit herein and in consideration of the issuance of a permit, hereby authorizes employees, agents and officials of the Town of Bolton to, at reasonable times, enter the premises to inspect and confirm compliance with the requirements of Town of Bolton Noise Ordinance #22 and any permit issued pursuant thereto.

APPLICANT SIGNATURE

DATE

OWNER AUTHORIZATION SIGNATURE

DATE

APPROVED OR DENIED

DATE