



*City of Mount Rainier*  
*One Municipal Place, Mount Rainier, MD 20712*  
*Phone 301-985-6585 Fax 301-985-6595*

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## APPLICATION FOR NOISE PERMIT

(Please print or type clearly)

Please allow 7 to 10 days for application review

Date of Application: \_\_\_\_\_

**PERMIT FEE: \$5.00**

Contact Person: \_\_\_\_\_

Contact Persons Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Alternate Number: ( ) \_\_\_\_\_

### Event Information

Type of Event: \_\_\_\_\_

Day and Date of Event: \_\_\_\_\_

Hours of Event: \_\_\_\_\_

(No noise permitted between 10pm and 8am)

Event Address: \_\_\_\_\_

### Brief Description of Activity Generating Noise:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### FOR OFFICE USE ONLY

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Fee Paid: \_\_\_\_\_

Permit Approved: \_\_\_\_\_

Fee Assessed: \_\_\_\_\_

Permit Denied: \_\_\_\_\_

County Permit: \_\_\_\_\_

Reason Denied: \_\_\_\_\_

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Approved By and Title