



City of Mount Rainier

3409 Rhode Island Avenue, Mount Rainier, MD 20712

Phone 301-832-8764. Fax 301-985-6595

APPLICATION FOR NOISE PERMIT

(Please print or type clearly)

Please allow 7 to 10 days for application review

Date of Application: _____

PERMIT FEE: \$20.00

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