

CITY OF RED BLUFF

SOUND AMPLIFICATION PERMIT
PUBLIC PARK AND RECREATION AREA

1. Applicant Name _____
Address _____
 2. Individual responsible for use and operation of sound amplification equipment:
Name _____
Address _____
 3. Official name of group requesting facility _____
 4. Estimate of number of people who will attend _____
 5. Purpose for which sound amplification is to be used _____
 6. Designated location within park or recreation area where equipment to be installed and operated _____
 7. General description of amplifying equipment _____
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8. Maximum sound producing power of amplifying equipment
 - A. Wattage _____
 - B. Volume in decibels _____
 - C. Approximate maximum distance at which sound may be heard _____
 9. Exact Hours of Use: Start _____ End _____ TWO (2) HOUR LIMIT
Date of Use _____

SIGNATURE OF APPLICANT _____

DATE _____

For Office Use Only

SPECIAL INSTRUCTIONS

_____ Request Permitted

_____ Request Denied

MAXIMUM VOLUME LEVEL 75dBA at a
distance of 50 yards from amplification source.