Kansas City Health Department
Community Environmental Health
2400 Troost, Suite 3200
Kansas City, Missouri 64108
(816) 513-6313 fax(816) 513-6290

Date _____

Permit Number _____

Check Number _____
Approved by _____
Denied _____

Application for Noise Permit (One Time Events)

Name of Event

Purpose of Event

Address/Location of Event | City | State | Zip Code

Dates of Operation | Hours of Operation

Name of Applicant/Sponsor

Address of Applicant | City | State | Zip Code

Phone Number | Fax Number

Conditions: Non-compliance with any agreed upon conditions and speciried times limit not to exceed 90 days, of the Permit by the permittee shall terminate the Permit and subject the permittee to those provisions of the Noise Ordinance regulating the source of sound or activity for which the Special Permit was granted. (Sec. 46-124d)

Block Party: Yes _____ No _____. If yes block party permit number _____

Filing Fees: The filing fee for application for Special Permits is $50.00 per application. (Sec. 46-126)

I have read and agree to the conditions, Rules and Regulations and Ordinance governing the issuance of this special permit.

Signature of Applicant

Date