



## Amplified Sound Application / Permit

### INSTRUCTIONS:

Please complete the amplified sound permit in its entirety; incomplete applications will not be accepted. Failure to adhere to approved amplified sound information below will result in revocation. If a Church, School, Hospital, or City or County Building falls within 200 feet of your event site, you will need to complete the supplemental **Consent for Amplified Sound** application.

Once you have completed the application please submit to the Citywide Recreation Division of the Human Services and Recreation Department for review and approval.

City of Pasadena, Citywide Recreation, Victory Park, 2575 Paloma Street, Pasadena, CA 91107 Phone (626) 744-7500

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Event: \_\_\_\_\_ Permit \*: \_\_\_\_\_

\*Venue Permit Number (HSR/CM/PW)

Location: \_\_\_\_\_ Event Hours: \_\_\_\_\_

Event Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Attendance: \_\_\_\_\_

What type of Amplified Sound will you be using? (Please Circle All That Apply)

Speech      Music      Live Entertainment      DJ      Drums

Hours of Amplified Sound: \_\_\_\_\_ Sound Check Hours: \_\_\_\_\_

### EQUIPMENT INFORMATION:

Maximum Wattage of Sound System: \_\_\_\_\_ watts

Volume in Decibels during the event: \_\_\_\_\_ dba\*

Approximate Distance Sound will be audible: \_\_\_\_\_ ft\*\*

\* Maximum Decibel Limits 65 DBA (Residential) and 75 DBA (Commercial)

\*\* Maximum audible distance is 100 feet

Equipment Owner's Name & Phone Number: \_\_\_\_\_

Sound Engineer's Name & Phone Number: \_\_\_\_\_

On-Site Contact During Event (List Name & Cell Phone): \_\_\_\_\_

INTERNAL USE ONLY: APPROVED  / DENIED  / DATE

Application Complete  Sound Levels in Compliance  Sound Monitor Required

Approved by: \_\_\_\_\_

Recreation Coordinator

Recreation Supervisor



# SPECIAL EVENTS OFFICE

2575 Paloma Street, Pasadena, CA 91107 Tel. (626) 744-7500

## Consent for Amplified Sound

Pasadena Municipal Code §9.36.220 prohibits amplified sound equipment on public property within 200 ft. of any church, school, hospital, or city or county building without prior written consent. The applicant is required to obtain consent from the above properties to complete the amplified sound clearance process.

If a Church, School, Hospital, or City or County Building does not fall within 200 feet of your event site, please sign the bottom of this page.

If one of these buildings does fall within 200 feet of your event site, take this application to the property and obtain a signature from a property site manager or someone who is authorized to sign on behalf of the property.

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Name of Organization/Property: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I am duly authorized to act on behalf of \_\_\_\_\_, and consent to the use of amplified sound as requested in the attached Amplified Sound Request.

Signature: \_\_\_\_\_ Printed Name/Title: \_\_\_\_\_

Date of Notification: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Name of Organization/Property: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I am duly authorized to act on behalf of \_\_\_\_\_, and consent to the use of amplified sound as requested in the attached Amplified Sound Request.

Signature: \_\_\_\_\_ Printed Name/Title: \_\_\_\_\_

Date of Notification: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Name of Organization/Property: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I am duly authorized to act on behalf of \_\_\_\_\_, and consent to the use of amplified sound as requested in the attached Amplified Sound Request.

Signature: \_\_\_\_\_ Printed Name/Title: \_\_\_\_\_

Date of Notification: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_