CITY OF ANAMOSA

NOISE / STREET CLOSURE PERMIT APPLICATION

Date:_____

☐ **NOISE PERMIT**
☐ **STREET CLOSURE PERMIT**

Applicants Name: _____

Applicant's Address:_____

Applicant's Phone: _____

Event Location/Address: _____

Detailed Description of Event:

_____

_____

Date of Event: _____ **Time Period of Event:** _____

TYPE OF NOISE VARIANCE REQUESTED:

☐ **MUSICAL INSTRUMENT** ☐ **SOUND EQUIPMENT**

STREET CLOSURE INFORMATION (If Applicable)

Street(s) to be affected: _____

Starting at intersection(s) of: _____

End at intersection(s) of: _____

Please attach a detailed map/drawing of area.

Barricades Needed?: Y /N **How many:** _____ **Type:** _____

*****Barricades are to be picked up at the City Shop area by 12:00 p.m. Noon on Friday prior to weekend event. Barricades are to be returned to the City Shop area by 12:00 p.m. Noon on the Monday following a weekend event.*****

COPY OF ORDINANCE GIVEN TO APPLICANT? ____

COUNCIL APPROVED ON: _____
AMOUNT OF FEE PAID: _____

DISTRIBUTE COPIES TO: ____* **APPLICANT** ____* **POLICE DEPT.**
____* **PUBLIC SERVICES** ____* **FIRE DEPT.**

PETITION FOR NOISE / STREET CLOSURE PERMIT

We the undersigned property owners have no objection to the issuance of a Noise / Street Closure Permit to the applicant _____for the event of _____ to be held on _____.

NAME	STREET ADDRESS	DATE