## **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

Compan	y: Caltech
Permit *	:
Event Ho	*Venue Permit Number (HSR/CM/PN DURS: 7:00-17:00
Attenda	nce: <u>1500</u>
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## **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.

Name of Organization/Property:	
Address:	Phone:
I am duly authorized to act on behalf of amplified sound as requested in the attached A	, and consent to the use of Amplified Sound Request.
Signature:	Printed Name/Title:
Date of Notification:/	
Name of Organization/Property:	
Address:	Phone:
am duly authorized to act on behalf of amplified sound as requested in the attached A	, and consent to the use of amplified Sound Request.
Signature:	Printed Name/Title:
Date of Notification:/	
Name of Organization/Property:	
Address:	Phone:
I am duly authorized to act on behalf of amplified sound as requested in the attached A	, and consent to the use of mplified Sound Request.
Signature:	Printed Name/Title:
Date of Notification:/	
Applicant Signature: MMMM	Date: 4/18/20