

Noise Permit

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | www.ci.sisters.or.us



Applicant Name: _____

Applicant Organization or Business: _____

Applicant Email: _____

Applicant Mailing Address: _____

Phone Number: _____

Event Name/Description: _____

Event Location: _____

Event Start Date: _____ Event End Date: _____

Event Start Time: _____ Event End Time: _____

Person Responsible at This Event While Noise is Generated: _____

Phone Number: _____

Reason Noise Permit is Being Sought: _____

Noise Control Measures: _____

Expected Maximum Noise Level: _____

Type & Date of Required Notice: _____

☐ Mail ☐ Newspaper ☐ Hand Delivered ☐ Posting at Location

This permit is issued pursuant and subject to Sisters Municipal Code Section 8.16. If the noise is creating a disturbance, the Deschutes County Sheriff's deputy may require the volume be lowered to a level that complies with the city code or may revoke this permit. Applicant agrees to immediately comply with any such directive from the Sheriff's Office.

Signature: _____ Date: _____

For Official Use Only

☐ Grant ☐ Grant with Conditions ☐ Deny

City Manager

Date

Copies to File and Sheriff's Department