

# Noise Permit

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