

Central Permitting PO Box 548 Pittsboro, NC 27312 Phone: 919-542-8230

building.permits@chathamcountync.gov

Sheriff's Office PO Box 429 Pittsboro, NC 27312 Phone: 919-542-2811

NOISE PERMIT

Permit Fee \$50.00

MAXIMUM PERMISSIBLE DAILY NOISE STANDARD SHALL NOT EXCEED 60 DECIBELS WITHOUT A PERMIT

	APPLICANT: BUSINESS/ORGANIZA	ATION PERSON IN CH	ARGE OF ACTIVITY	PROPERTY OWNER
NAME				
ADDRESS				
CITY				
STATE				
ZIP CODE				
PHONE				
EMAIL				
TYPE OF A	CTIVITY		NUMBER OF PARTICIE	PANTS
PURPOSE	OF EVENT			
ADDRESS	OF EVENT			
DATE OF A	ACTIVITY		HOURS: FROM	TO
DATE OF ACTIVITY			HOURS: FROM	TO
EQUIPMEI	NT DESCRIPTION			
SOUND AI	MPLIFICATION DEVICE DESCRIF	PTION		
SUNDAY -	iit allows up to 80 decibels: - THURSDAY 7:00AM – 9:00PM (SATURDAY 7:00AM – 11:00PM (Noise level cannot ex	ceed 60 decibels before	or after allowance)
	eived/read a copy of the current num Permissible Standards by R			ound levels will be adhered to per oise Ordinance.
permit has		assist the Sheriff in ent	orcing this ordinance. Fa	vent during the time for which the ilure to assist will void this permit.
I declare u	ınder the penalty of perjury that	the foregoing informati	on is true and correct.	
 Signature	of Applicant	Print Name of Applicar	nt	Date
Issued By				

Notification of permit issuance emailed to: ronnie.miller@chathamsheriff.com Capt. Ronnie Miller, Chatham County Sheriff's Office

NOTICE OF APPLICATION TO OBTAIN A NOISE PERMIT

Date of Notice:
To Whom It May Concern:
This form is to notify you that the person listed below has applied to the Chatham County Permitting Department for a noise permit. The county ordinance requires that the applicant mail or otherwise deliver, to the occupants of each property within a 1000 foot radius of the location where the sound will originate, a notice stating the nature, date, and hours of the proposed event. This notice must be delivered at least seventy-two hours before the issuance of the requested permit.
Applicant Name:
Location of Event:
Nature of Event:
Date of Event:
Hours of Event:

SUNDAY – THURSDAY	7:00AM – 9:00PM	UP TO 80 DECIBELS
FRIDAY – SATURDAY	7:00AM – 11:00PM	UP TO 80 DECIBELS

MAXIMUM NOISE LIMITATION WITH A PERMIT

Shall not exceed 80 decibels at any time



STATE OF NORTH CAROLINA CHATHAM COUNTY

NOISE ORDINANCE

AFFIDAVIT OF SERVICE

The undersigned, being first duly sworn, deposes and says:

- 1. I am the applicant for a noise permit pursuant to \$92 of the Chatham County Code of Ordinance.
- 2. This Affidavit is based on my own personal knowledge of the events and circumstances described in this document.
- 3. The persons listed in the attached Schedule constitute all of the owners or occupants of each parcel of real estate within a radius of 1000 feet of the property for which the permit has been applied.
- 4. I have mailed by regular or certified mail or delivered by hand or by courier a copy of the attached Notice to each of the persons listed in the attached Schedule.
- 5. I understand that should the statements made by me in this affidavit be untrue, my noise permit will be denied or revoked, and I may be subject to additional civil or criminal penalties.

Thisday of	, 20		
		(Signature)	
		(Print)	
Sworn to and subscribed bef	ore me:		
Thisday of	, 20		
Notary Public Signature	My commis	sion expires:	,20
Print Name			

SCHEDULE OF NOTICE

Please list all property owner/occupants, within 1000 feet of the venue, that were given the **Notice** of Application to Obtain a Noise Permit, on this form. Please note: this **Notice** may be mailed, emailed, faxed or hand delivered to the property owner/occupant.

Name of Owner or Occupant	Address	Method of Serving Notice