

Application for a Sound Level Permit

Event Address:	Event Address:				
<u> </u>	•	eached at the phone numbers listed below prior to the event, and event at one of the phone numbers listed).			
Name:					
Address:	(Street)				
Day Telephone No	0.:	Night Telephone No.:			
Email:					
Please fill out the section for the permit requested.					
Single Event Single vendor requesting for event lasting no more than three consecutive days.					
• 6 a.m.–10:30 p	.m.	Application Deadline: Minimum one week prior to event.			
 Decibel level of 65 dbA until 10 		 Application Cost (Application fees are nonrefundable): \$60 Past Deadline Fee (Permit and Penalty): \$90 			
Main Street SF: Sunday–Thursday, 6 a.m.–10:30 p.m.; Friday–Saturday, 6 a.m.–11:30 p.m. (max. 70 dbA).					
Date(s) of Event:	· · · · · · · · · · · · · · · · · · ·	Start Time: End Time:			
		p: (Sound Board Operator)			
	-	Telephone:			
<u>—</u> —					
OR					
☐ Special	Single event lasting no more than three consecutive days requesting extended time and/or decibel levels.				
 Include drawing 	រ of venue.				
 Neighbors must 	t be notified.				
	 Special applications will be approved and permitted on a case-by-case basis after all conditions are met to minimize community and neighborhood impact. 				
Application De	eadline: Minimum one m	onth prior to event date.			
Application Co Three-day—\$17		nonrefundable): One day—\$90; Two-day—\$130;			
•		<i>y</i>): One-day—\$135; Two-day—\$195; Three-day—\$255			
F		OR			
☐ Monthly	Single vend	for permitting multiple events within a calendar month.			
		Limited to no more than ten days.			
• 6 a.m.–10:30 p	.m.	Application Deadline: Minimum two weeks prior to first day			
6 a.m.–10:30 p Decibel level of	f 70 dbA until 8 p.m. and	Application Deadline: Minimum two weeks prior to first day of the month.			
6 a.m.–10:30 p Decibel level of 65 dbA until 10	f 70 dbA until 8 p.m. and	Application Deadline: Minimum two weeks prior to first day			

Please list the person who represents the musical group for each event:					
Name:	Telephone:				
Date(s) of Event:	Start Time:	End Time:			
Nature of Event:					
Name:	Telephone:				
Date(s) of Event:	Start Time:	End Time:			
Nature of Event:					
Name:	Telephone:				
Date(s) of Event:	Start Time:	End Time:			
Nature of Event:					
Name:	Telephone:				
Date(s) of Event:	Start Time:	End Time:			
Nature of Event:					
Name:	Telephone:				
Date(s) of Event:	Start Time:	End Time:			
Nature of Event:					
Name:	Telephone:				
Date(s) of Event:	Start Time:	End Time:			
Nature of Event:					
Name:	Telephone:				
Date(s) of Event:	Start Time:	End Time:			
Nature of Event:					
Name:	Telephone:				
Date(s) of Event:	Start Time:	End Time:			
Nature of Event:					
Name:					
Date(s) of Event:	Start Time:	End Time:			
Nature of Event:					
Name:	Telephone:				
Date(s) of Event:	Start Time:	End Time:			
Nature of Event:					

Sound Application Agreement					
agree to the single monthly special application (please print name)					
decibel and time limits, the following requirements, and neighborhood notifications as specified.					
I realize that this application is not a guarantee of a permit being granted.					
The permit may prescribe any reasonable conditions or requirements deemed necessary to minimize adverse effects upon the city or the surrounding neighborhood.					
The Public Health Director or designated agent may revise the conditions of any permit due to atmospheric conditions, topography, or unanticipated acoustic reverberations increase sound levels at the receiving land.					
The permit shall be posted at the activity.					
Applications for a special sound permit must enclose a layout drawing of the event.					
Special Sound Permit holders must notify all neighbors potentially affected by the event. Notification can be by direct contact or other means and should include the nature and duration of the event. Past history has shown this method increases the likelihood of a successful event.					
A compliance review will be conducted if a permit holder violates the parameters of their sound permit. Failure to comply with the terms of the compliance review can result in the revocation of any and all current or future permits.					
The responsible party will be present and available during the entire event.					
Steps Taken to Minimize Noise:					
Responsible Party Signature Date					
The completed application can be sent to health.department@siouxfalls.gov .					
—OFFICE USE ONLY—					
Make check payable to: City of Sioux Falls Amount Received: \$ Mail to: Sioux Falls Health Department Sioux Falls, SD 57104-5963 605-367-8760 Amount Received: \$ Receipt No.: Date:					