



6000 Heritage Trail, Clayton, CA 94517  
 925-673-7300 www.claytonca.gov

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File No:
Fees/Deposit:
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# Noise Permit Application

## 1. GENERAL INFORMATION

Please complete the items listed below. Application and processing fees must be paid when the application is submitted.

Applicant	Name:	
	Address:	
	Phone:	Email:

Property Owner	Name:	
	Address:	
	Phone:	Email:

## 2. REQUIRED INFORMATION

Please fill out the information below regarding your Home Occupation Permit.

ADDRESS REQUIRING PERMIT:	
DATES EQUIPMENT WILL BE USED:	HOURS OF OPERATION:
From: _____ To: _____	From: _____ To: _____

## 3. STATEMENT OF OPERATION

Will the event be open to the public? ___ Yes ___ No	Maximum wattage:
Will the equipment be used for commercial or non-commercial purposes:	
The approximate distance the sound will be audible from:	
If a sound truck is used, please include the Vehicle License Number:	
Describe the measures to be taken to reduce noise affecting neighbors:	

Please complete the section below.

Describe the sound-amplification equipment. Attach separate sheets as needed:

**4. Certification:**

The applicant hereby agrees to comply with all the applicable sections of the City of Clayton Municipal Code.

**I (We):**

- Consent to the submission of this application
- Understand that an incomplete application may be denied
- Hereby declare under penalty of perjury under the laws of the State of California that the information in this application and its attachments are true, complete, and correct.
- Certify to have read and understand Title 19, Chapter 9.30.50, found in the City of Clayton’s Municipal Code.

APPLICANT SIGNATURE:	DATE:
PROPERTY OWNER SIGNATURE:	DATE:

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_____ Approved	_____ Denied	_____ Community Development Director	_____ DATE
_____ Approved	_____ Denied	_____ Police Chief	_____ DATE