



# Township of Falls

## BUCKS COUNTY, PA

### SOUND PERMIT APPLICATION

Applications must be submitted no more than ten (10) business days prior to the event Fee: \$10.00  
Refer to Chapter 155 - Noise Ordinance

Date: \_\_\_\_\_

Name of Applicant(s): \_\_\_\_\_  
(HOMEOWNER OR BUSINESS)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please list individual(s) to contact regarding the Permit during the Event:

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

(At least one of these responsible persons must be present during the permit period)

Date(s) of Event: \_\_\_\_\_

Time(s) for the Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Description of the Event: \_\_\_\_\_

Source of noise:  Speakers (amplified sound)  Band and Speakers (amplified sound)

Mechanical  Other (Specify): \_\_\_\_\_

Date: \_\_\_\_\_ Applicant(s) Signature: \_\_\_\_\_