

FEE
\$30.00

APPLICATION FOR PRIVATE NOISE AMPLIFICATION PERMIT

City of Madison
Building Inspection Division
215 Martin Luther King Jr Blvd
Ste 017, PO Box 2984
Madison, WI 53703
(608) 266-4551

Event Address	
Applicant/Event Sponsor	Description of Event
Street Address	Event Date
City, State, Zip Code	Event Time (not to exceed three hours)
Phone	Day of Event Manager
e-mail	Phone, cell, pager for immediate contact (required)
Representative Name and Title	Street Address
City, State, Zip Code	Phone

LLC, LLP or Corporation Name (Required if LLC, LLP or Corporation)	Registered Agent (Required if LLC, LLP or Corporation)
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
Phone	Phone
e-mail	e-mail

General Partner (required if LLP)
Street Address
City, State, Zip Code
Phone
e-mail

Please see the following link for the Private Noise Amplification Process:

<https://www.cityofmadison.com/dpced/bi/documents/PrivateNoiseAmplificationProcess.pdf>