



NOISE PERMIT
APPLICATION

Office of the Administrator
Princeton Municipal Building
400 Witherspoon Street
Princeton, NJ 08540
609-924-5176

****ALLOW 5 BUSINESS DAYS FOR REVIEW. AS PER NOISE ORDINANCE, CHAPTER 21, PERMISSION CONTINGENT UPON A REASONABLE NOISE LEVEL BEING MAINTAINED FOR NO MORE THAN FIVE CONTINUOUS HOURS AND CUSTOMARILY GRANTED ONLY UNTIL 10PM.****

NON-REFUNDABLE FEE:



TODAY'S DATE: _____

APPLICANT INFORMATION:

NAME: _____ PHONE NUMBER: _____

EMAIL: _____ NAME OF ORGANIZATION: _____

PRESIDENT OF ORGANIZATION: _____ PHONE NUMBER: _____

ADDRESS OF ORGANIZATION: _____
(STREET ADDRESS) (CITY), (STATE) (ZIP)

EVENT INFORMATION:

INDIVIDUAL IN CHARGE WHERE AMPLIFICATION WILL TAKE PLACE:

(NAME) (STREET ADDRESS) (CITY), (STATE) (ZIP)

DATE OF EVENT: _____

EVENT LOCATION: _____

**** (IF HINDS PLAZA, DO YOU NEED ELECTRICITY? Y OR N)**

EVENT STREET ADDRESS: _____

STARTING TIME OF EVENT: _____ ENDING TIME OF EVENT: _____

*REQUESTED START TIME OF NOISE AMPLIFICATION: _____

*REQUESTED END TIME OF NOISE AMPLIFICATION: _____

Are you applying for a Public Assembly Permit? ____ Yes or ____ No

(*SIGNATURE OF APPLICANT*)