Osceola County
Temporary Noise Permit Application

Osceola County Board of County Commissioners
Community Development Department
1 Courthouse Square, Suite 1400
Kissimmee, FL 34741
Phone: (407)742-0200
Specialpermits@osceola.org

In accordance with Chapter 3, Article 3.6, Section 3.6.1.1 of the Osceola County Land Development Code, authorization for a Temporary Noise Application is issued to:

**Business/Applicant**

Name: ____________________________
Agent/Lessee: ______________________
Address: ____________________________
Parcel Number: ______________________
Email: ____________________________ Phone: ____________________________
Date of Event: ______________________ Event Hours: ______________________
Description of Event: ____________________________

**Property Owner:**

Name: ____________________________
Email: ____________________________ Phone: ____________________________
Address of Event: ____________________________ Gate Code if Applicable

**Permit Information:**

Please explain the event and type of sound source that will be generated at this event: ________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Please explain what measures have been arranged on behalf of the applicant to reduce the sound source that will be generated at this event: ________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Event Dates: ______________________ Event Hours: ______________________

I CERTIFY THAT, to the best of my knowledge and belief, all information supplied with this application is true and accurate, and that I am:

( ) Owner of the property described herein.
( ) Party to an agreement for deed or sales contract for the purchase of this property.
   (If this area is checked, you must be specifically authorized in the contract, or by another legal document, to initiate an application for this request.)
( ) Agent for the owner or purchaser of this property. (If you checked this area, a written notarized authorization letter from the property owner(s), to act on their behalf, must accompany this request.)

DATE: ______________________ SIGNATURE: ____________________________

**For Office Use Only**

Date of Issuance: ______________________
Effective Date: ______________________
Expiration Date: ______________________
Location of sales: ______________________
Zoning Approval: ______________________

10/08/2014