

COUNTY OF LOS ALAMOS, NEW MEXICO

NOISE RELIEF PERMIT

Date of Request: _____
Month / Date / Year

Event Date: _____
Month / Date / Year

Event Start Time: _____ AM / PM

Event End Time: _____ AM / PM

Location of Event: _____

Name of Contact: _____

Local Phone #: _____

Local Mailing Address: _____
Address City Zip

E-MAIL ADDRESS: _____

Name of Event/Enterprise: _____

Event Type: _____

INDOOR OUTDOOR / ALCOHOL: Yes No / MUSIC: Yes No

This permit serves as your authorization for relief from noise levels designated in Los Alamos County Ordinance No. 18.73; however, the noise level must remain at reasonable level so as not to be a nuisance to people inside their residences or places of business.

Please indicate the reason for this noise relief permit by checking A or B and C below.

- A. Additional time is necessary for you to alter or modify your activity or operation to comply with the Ordinance; or
- B. The activity, operation or noise source will be of temporary duration, and cannot be done in a manner that would comply with the Ordinance; and
- C. No other reasonable alternative is available to comply with the Ordinance.

I acknowledge that County's acceptance or subsequent approval of this Noise Ordinance Waiver Permit application in and of itself does not reserve or guarantee available use of any County lands or facilities. I further acknowledge that if I wish to reserve outdoor County lands or facilities for this event, I must do so by contacting the Los Alamos Parks, Recreation and Open Space Division staff at (505) 662-8170. If I wish to reserve indoor County facilities for this event, I must do so by contacting the Los Alamos County Facility Reservations office at (505) 662-8405.

Signature (Must be 18 or Over)

Date

***Forward this Permit to the Community Development Department (CDD) for input into the EnerGov Permit Software.
CDD is located at 1000 Central Avenue, Suite 150 ~ Open Monday – Friday from 8:00 AM – 5:00 PM ~ Phone (505) 662-8120.***

- Paper Copies may be dropped off at the Municipal Building or mailed to the above address.
- Scanned permits are also accepted and may be sent electronically to permit.techs@lacnm.us.

For Administrative Purposes:

Date Rcvd: _____

Rcvd By: _____
Staff Member

Date & Time Emailed to CDD: _____

Copies to be emailed by CDD to: 1) Applicant 2) Police Department 3) PROS Division 4) Public Works Department