



City of El Segundo

Community Development Dept.
350 Main Street
El Segundo, CA 90245
(310)524-2350
Planning@elsegundo.org

APPLICATION FOR AN AMPLIFIED SOUND OR NOISE PERMIT

ESMC SECTION §7-2-11

Amplified Sound/Noise Permit No: _____

Date: _____

Applicant

Name (print or type)

Phone

Fax

Address

Email

City/St/Zip

Signature

Property Owner

Name (print or type)

Phone

Fax

Address

Email

City/St/Zip

Signature

DECLARATION OF RESPONSIBLE PARTY

If a City Noise Control or Police Officer determines that the activity authorized by this permit is disturbing the peace or creating a nuisance, I, personally, will immediately effect compliance by whatever means required by said Noise Control or Police Officer including reducing the sound volume or disconnecting the equipment. It is understood that my failure to comply may result in the Noise Control or Police Officer disconnecting electrical power to the sound amplification or other equipment. As the responsible party, I hereby give my permission to allow the City to disconnect the sound equipment, holding the City harmless from any circumstances resulting there from. I understand that failure to comply may also result in immediate revocation of this permit and of permission to use public facilities for the event. I also agree to comply with all of the conditions of approval for this permit.

Signature: _____

Date: _____



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Street address and/or description of property where equipment is intended to be used

Address / Description _____

_____ **Dates of Use** _____ **Hours of Use** _____
_____ **No. of people attending event** _____

Use of equipment is for following purpose:

() Commercial () Noncommercial () Political

Description of use: _____

Equipment Type & Number (for each piece of equipment):

Equipment Type	Equipment Number	Output rating of amplifier (watts)
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If sound truck is to be used: _____
Year Make & Model Vehicle License



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Indicate the location of the following on a Site Plan drawn below:

- Property Lines
- Street
- All Structures
- Equipment Location
- φ = power source
- O = amplifier
- _ = speaker(s)

SITE PLAN

<u>TYPICAL SOUND LEVELS</u>		
Noise Source	Sound Level in Decibels	Subjective Noise Environments
Jet Takeoff (200')	120	Pain Threshold
Pile Driver (50')	100	Very Loud
Ambulance Siren (100')		
	90	
Freight Cars (50')		
Pneumatic Drill (50')	80	
	70	Moderately Loud
Vacuum Cleaner (10')	60	
Department Store		
Light Traffic (100')	50	
	40	Quiet
Soft Whisper (5')	30	
	10	Threshold of hearing

Received by (Name): _____ Date: _____

() Approved

() Denied

Comments / Conditions:

- 1) Applications for Amplified Sound or Noise Permits must be submitted a minimum of ten (10) days in advance of the date(s) prior to when the permit is needed.
- 2) If complaints are received, the sound volume must be reduced or the amplification equipment disconnected at the discretion of the Noise Control or Police Officer.
- 3) Provide surrounding properties with a copy of this permit a minimum of two (2) days before the date of use.
- 4) This permit is subject to revocation. The applicant will be given five (5) days notice prior to the Administrative Revocation Hearing.

DISTRIBUTION: Original - Applicant / Copies to: Planning, Police Watch Commander, Fire Department and Community Services (if pertaining to a Public Facility or Park)

Rev: 05/01/2023

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