



**SOUND AMPLIFICATION PERMIT APPLICATION
PLANNING & INSPECTIONS DEPARTMENT**

**City of El Paso, Texas
811 Texas Avenue
El Paso, TX 79901
915-212-0104**

1. CONTACT INFORMATION

ESTABLISHMENT NAME: _____ EMAIL: _____
ADDRESS: _____ ZIP CODE: _____ PHONE: _____
APPLICANT NAME: _____ EMAIL: _____
ADDRESS: _____ ZIP CODE: _____ PHONE: _____
PROPERTY OWNER: _____ ADDRESS: _____
ZIP CODE: _____ PHONE: _____ FAX: _____
E-MAIL ADDRESS: _____

2. ESTABLISHMENT INFORMATION

PROPERTY IDENTIFICATION NUMBER: _____
LEGAL DESCRIPTION: _____
STREET ADDRESS OR LOCATION: _____ REP DISTRICT: _____
SQUARE FOOTAGE OF OUTDOOR AREA: _____ PRESENT ZONING: _____
PARKING REQUIRED(#): _____ PARKING PROVIDED(#): _____

3. BUSINESS HISTORY: List all names under which the applicant is conducting business as or has conducted business as during the past (3) three years.

BUSINESS NAME: _____ ADDRESS: _____ IN OPERATION FROM: _____ TO: _____
BUSINESS NAME: _____ ADDRESS: _____ IN OPERATION FROM: _____ TO: _____
BUSINESS NAME: _____ ADDRESS: _____ IN OPERATION FROM: _____ TO: _____

4. ADDITIONAL INFORMATION

OWNER(S) OF RECORD FOR THE ABOVE DESCRIBED PARCEL(S):

Applicant Name (printed): _____ Signature: _____

Property Owner(s) Printed Name: _____

Printed Name of Representative: _____

NOTE: Signatures are required for all owners of record for the property requesting a sound amplification permit. Attach additional signatures on a separate sheet.

I declare that the foregoing is true and correct. I understand that supplying false or incorrect information on this application may result in the denial of my application. §§ 5.03.030(C) & 5.03.080(B)(1) of the El Paso City Code

State of Texas, County of El Paso

_____, personally appeared before me, and being first duly sworn declared that he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application and the statements therein contained are true.

SEAL: _____

Notary Public, In and for the State of Texas

My commission expires:

REQUIRED DOCUMENTATION FOR SOUND AMPLIFICATION APPLICATION

- APPLICATION FOR SOUND AMPLIFICATION PERMIT** - Each item on this application shall be completed and all documentation required on this form shall be submitted before this application is accepted for processing. Submittal of an application does not constitute acceptance for processing until the Department reviews the application for accuracy and completeness.

- LOCATION MAP SHEET** - All properties requesting the Sound Amplification Permit must be accurately outlined in red ink. A separate application is required for each property.

- SCALED DRAWING** - A scaled drawing showing the location of the property requesting the sound amplification permit.

- SOUND IMPACT PLAN** – Showing the following:
 - o Site diagram, including location of outdoor area(s) where amplified sound will be emitted, and location of sound amplification equipment;
 - o Technical specifications of sound amplification equipment used in the outdoor area;
 - o Description of any sound barrier(s) or sound mitigation devices installed in or around the outdoor area;
 - o Method of monitoring of sound amplification equipment by the establishment owner, the operator of said equipment, or by an electronic device.

- CERTIFICATE OF OCCUPANCY (COPY)** - A copy of a current, valid Certificate of Occupancy issued by the City Building Official.

- PROOF OF OWNERSHIP** - Proof of ownership for the property and a signed and notarized copy of a letter of agreement from the property owner and the establishment owner acknowledging and providing the permission for sound amplification on the premises.

- DCGHB; F9EI F9A9BHG** - <http://www.elpasotexas.gov/planning-and-inspections/applications>
 - o <http://www.elpasotexas.gov/planning-and-inspections/applications>

A PDF file is available for download at: <http://www.elpasotexas.gov/planning-and-inspections/applications>

- CASHIER'S VALIDATION** - Upon review and acceptance by the Department, the required fee shall be paid at the Cashier, One Stop Shop, 811 Texas Avenue. After validation of the payment, the application form shall be returned to the Planning and Inspections Department - One Stop Shop Division. Fees are nonrefundable.

OFFICE USE ONLY	
RECEIVED DATE: ___/___/___	APPLICATION FEE: \$ _____
ACCEPTED BY: _____	PLANNING REVIEWER: _____