



# MATANUSKA-SUSITNA BOROUGH

## Planning and Land Use Department

### Development Services Division

350 East Dahlia Avenue • Palmer, AK 99645

Phone (907) 861-7822 • Fax (907) 861-7876

Email: [permitcenter@matsugov.us](mailto:permitcenter@matsugov.us)

### TEMPORARY NOISE PERMIT – MSB 8.55.110

*Carefully read instructions and applicable borough code. Fill out forms completely. Attach information as needed. Incomplete applications will not be processed.*

***\*Application for a temporary noise permit shall be submitted at least 60 days prior to the commencement of the event and must be accompanied by a fee established by the assembly.***

Application fee must be attached:

\_\_\_\_\_ **\$500** for **Temporary Noise Permit**

*Prior to the adjudication of this application, the applicant must also pay the mailing and advertising fees associated with the application. Applicants will be provided with a statement of advertising and mailing charges.*

**Subject Property:** Township: \_\_\_\_\_, Range: \_\_\_\_\_, Section: \_\_\_\_\_, Meridian: \_\_\_\_\_

MSB Tax ID# \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ BLOCK(S): \_\_\_\_\_, LOT(S): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

(US Survey, Aliquot Part, Lat. /Long. etc) \_\_\_\_\_

**Ownership:** A written authorization by the owner must be attached for an agent or contact person, if the owner is using one for the application. Is authorization attached?  **Yes**  **No**  **N/A**

**Name of Property Owner**

**Name of Agent/ Contact for application**

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Hm \_\_\_\_\_ Fax \_\_\_\_\_

Phone: Hm \_\_\_\_\_ Fax \_\_\_\_\_

Wk \_\_\_\_\_ Cell \_\_\_\_\_

Wk \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

**Event Title:** \_\_\_\_\_

**Date(s) of Event:** \_\_\_\_\_

**Time Event Will Start/End Each Day:** \_\_\_\_\_

**EVENT DESCRIPTION**

Give a general description of the activities to take place during the proposed event:

**SENSITIVE RECEPTORS**

Provide the name and location of any school, hospital, nursing home, church, court, psychiatric facility, or public library within one-half mile of the event:

**OWNER'S STATEMENT:** I am owner of the following property:

MSB Tax ID #(s) \_\_\_\_\_ and, I hereby apply for approval of a Temporary Noise Permit on the property as described in this application.

I understand all activity must be conducted in compliance with all applicable standards of MSB 8.55 and with all other applicable borough, state or federal laws.

I understand that other rules such as local, state and federal regulations, covenants, plat notes, and deed restrictions may be applicable and other permits or authorization may be required. I understand that the borough may also impose conditions and safeguards designed to protect the public's health, safety and welfare and ensure the compatibility of the use with other adjacent uses.

I understand that it is my responsibility to identify and comply with all applicable rules and conditions, covenants, plat notes, and deed restrictions, including changes that may occur in such requirements.

I understand that by making application for a temporary noise permit from the Matanuska-Susitna Borough, I am required to acknowledge that state and local government officials are guaranteed free and open access to all areas of the site before, during, and after the event for the purpose of inspection to ensure compliance with the requirements of this ordinance.

The information submitted in this application is accurate and complete to the best of my knowledge.

_____ Signature: Property Owner	_____ Printed Name	_____ Date
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_____ Signature: Agent	_____ Printed Name	_____ Date
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