



**City of Brisbane  
Community Development Dept.  
50 Park Place  
Brisbane, CA 94005  
(415) 508-2120**

## **Human Speech and Music Outdoor Amplified Sound Registration Form/Request**

The City of Brisbane requires that a registration statement be filed for review and approval by the Planning Director at least 15 days prior to the event where an outdoor loudspeaker or other sound-amplifying equipment would be used. The Amplified Sound provisions are found in Brisbane Municipal Code (BMC) Chapter 8.28.070 and can be referenced from the City's website at <https://brisbaneca.org/brisbane-municipal-code>. This form and any required supplemental materials, to be attached with this form, shall serve as the registration statement.

A copy of this form, as approved, along with any conditions of approval shall be kept on site during the event where amplified sound is to occur and made available to the City upon request. Additional permits or City authorizations may also be required prior to holding an event where amplified sound would occur. Contact the City well in advance of your intended event to determine whether other approvals may also be required or if additional information is required for this registration statement. Insufficient information on this statement or other required approvals may extend the processing time.

### **GENERAL INFORMATION**

Name of Event \_\_\_\_\_

Name of Applicant (First Name, Last Name) \_\_\_\_\_

Mailing Address (Number, Street, Apt/Unit, City, State, Zip)

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Business Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_

Business Organization Name \_\_\_\_\_

#### Prescreening Questions:

Is the amplification equipment for:  Human speech  Music  Other  
(If "Other", stop and contact the Community Development Dept.)

Will the activity take place within 200 feet of a church, school or hospital?  Yes  No  
(If "Yes", stop and contact the Community Development Dept.)

Are you applying on behalf of another person, organization, or company responsible for the event (i.e., the Event Sponsor)?  Yes  No

If yes, provide Contact Name, Company/Organization, Address, Email, Business Phone, Mobile Phone

\_\_\_\_\_

What is the purpose of the event?  Commercial  Noncommercial  
(If Non-commercial, attach the nonprofit 501(c)(3) supporting documents.)

Business License copy is attached  Yes If not, indicate reason \_\_\_\_\_  
(If business license application is not yet in process, contact the Finance Dept. for business license application information, at 415- 508-2150.)

**EVENT DETAILS**

Amplified Sound Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Hours \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Hours \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.

NOTE: Except for Sundays and legal holidays, the commercial event hours of operation of outdoor sound equipment shall be no earlier than 8:00 a.m. and no later than 7:00 p.m. On Sundays and legal holidays, commercial event hours of operation of outdoor sound equipment shall be no earlier than 9:00 a.m. and no later than 4:00 p.m. Hours for noncommercial events may extend beyond those time limitations as long as the volume of sound and the hours of operation will be so controlled that the sound will not be unreasonably loud, raucous, jarring, disturbing or a nuisance to reasonable persons of normal sensitivity within the area of audibility.

Expected number of Attendees \_\_\_\_\_

Address and Description of Event Location (Provide a Site Map and/or Aerial Photo and show the location and orientation of amplification equipment. Include all event areas and describe whether the activity will take place on a public street or sidewalk, private property, or other type of location.)

\_\_\_\_\_  
\_\_\_\_\_

Responsible Person in Direct Control of Sound Equipment:

Full Name (First Name, Last Name) \_\_\_\_\_

Address (Number, Street, Apt/Unit, City, State, Zip)

\_\_\_\_\_

Mobile phone \_\_\_\_\_ Business phone \_\_\_\_\_

Sound Amplifying Equipment \_\_\_\_\_

Maximum Power Output (watts) \_\_\_\_\_

Volume of sound to be produced (in decibels) \_\_\_\_\_

(Note that noise emanating from sound amplifying equipment shall not exceed 15 dBA above the local ambient, except that where the event is to be in a public park, the noise level shall not exceed 83 dBA at a distance of 25 feet from the source, or 86 dBA at the park's edge.)

Approximate distance in feet for which sound will be audible from the sound-amplifying equipment (Indicate distance from source in feet and show on the Site Map)

\_\_\_\_\_

The vehicle make, model and license, if a sound truck is to be used

\_\_\_\_\_

If the amplification equipment is to be vehicle mounted, what measures are to be employed to prevent the equipment from being a detriment to traffic safety?

---

---

---

---

How will the sound equipment and pedestrian movement around it be controlled such that it would not constitute a detriment to traffic safety? Show on Site Map, if needed.

---

---

---

---

I understand that the volume of sound shall be so controlled that it will not be unreasonably loud, raucous, jarring, disturbing or a nuisance to reasonable persons of normal sensitivity within the area of audibility.  
(Applicant's Initials) \_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.  
I UNDERSTAND THAT ANY FALSE OR INCOMPLETE  
INFORMATION PROVIDED BY ME, RELATIVE TO THIS APPLICATION, MAY BE CONSIDERED  
CAUSE TO EITHER DENY THE REQUESTED PERMIT OR REVOKE THE PERMIT THAT IS GRANTED.**

Please note that this document is a public record. Do not include contact information that you wish to keep private or confidential.

Signatures and dates required below:

_____	_____
PRINTED NAME/SIGNATURE OF APPLICANT	DATE
_____	_____
PRINTED NAME/SIGNATURE OF PROPERTY OWNER	DATE

(Note; If proposed on City property [i.e.: city park or public right-of-way], contact the City Engineer or Parks Dept. for use approvals.)

**To be completed by City:**

APPROVED BY:

_____	_____	_____	_____		
PRINTED NAME	/	SIGNATURE	/	TITLE	DATE

CONDITIONS OF APPROVAL: \_\_\_\_\_