

File Number: _____



City of Half Moon Bay

Planning Department

501 Main Street

Half Moon Bay CA 94019

Phone: 650.726.8250 / Fax: 650.726.8261

SOUND AMPLIFICATION PERMIT FORM

Applicant

Name: _____

Signature: _____

Mailing Address: _____

Phone (daytime): _____ E-Mail: _____

Responsible Person¹

Same as Property Owner

Identified Below

Name: _____

Signature: _____

Mailing Address: _____ E-Mail: _____

Phone (daytime): _____ Phone (during amplified sound use): _____

Location of Amplified Sound

Address: _____ APN: _____

Date/s and Time Period/s of Sound Amplification: _____

Location on the Site (may attach plan or aerial photo): _____

Conditions of Approval

- Sound Control.** Pursuant to Section 9.23.020 of the Municipal Code, amplified sound shall be controlled at all times so that it is not unreasonably disturbing or physically annoying to people of ordinary sensitivity.
- Noise Curfew.** Pursuant to Section 9.23.010 of the Municipal Code, no person shall between the hours of ten p.m. and eight a.m. make, cause, or suffer or permit any offensive noise (1) which is made within one hundred feet of any building or place regularly used for sleeping purposes, or (2) which disturbs, or would tend to disturb, any person within hearing distance of such noise.

¹ Person responsible for monitoring and ensuring compliance with the terms of this Permit.

3. **Responsible Party.** The responsible party shall be on the site at all times during sound amplification and shall ensure compliance with this Permit.
4. **Permit Available.** This Permit shall be available on the site for inspection by City staff or law enforcement personnel of the San Mateo County Sherriff's office at all times during the event for which sound amplification is authorized.
5. **Compliance.** This Permit authorizes only sound amplification that complies with the requirements of this Permit. Upon finding that sound amplification is not in compliance with this Permit, law enforcement personnel of the San Mateo County Sherriff's office may order sound amplification to cease.
6. **Hold Harmless.** The applicant agrees as a condition of approval of this application to indemnify, protect, defend with counsel selected by the City, and hold harmless, the City, and any agency or instrumentality thereof, and its elected and appointed officials, officers, employees and agents, from and against an and all liabilities, claims, actions, causes of action, proceedings, suits, damages, judgments, liens, levies, costs and expenses of whatever nature, including reasonable attorney's fees and disbursements (collectively, "Claims") arising out of or in any way relating to the processing or approval of this application and any actions taken by the City related to this entitlement. The indemnification shall include any Claims that may be asserted by any person or entity, including the applicant, arising out of or in connection with the approval of this application, whether or not there is concurrent, passive or active negligence on the part of the City, and any agency or instrumentality thereof, and its elected and appointed officials, officers, employees and agents. The applicant's duty to defend the City shall not apply in those instances when the applicant has asserted the Claims, although the applicant shall still have a duty to indemnify, protect and hold harmless the City.
7. **Entry (Gov. Code S. 65105).** In the performance of their functions, planning agency personnel may enter upon any land and make examinations and surveys, provided that the entries, examinations, and surveys do not interfere with the use of the land by those persons lawfully entitled to the possession thereof.
8. **Special Condition/s.** _____

I agree to comply with all the conditions of this Permit.

Signature of Responsible Party _____ Date _____

Office Use Only	
Action on Permit:	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Denied
_____ Planning Manager	_____ Date

CHECKLIST FOR SOUND AMPLIFICATION PERMIT

Please submit the following items with your application for City review of a Sound Amplification Permit:

1. Describe in detail the activity or event for which sound amplification is requested.

Describe the amplification equipment or devices used and the steps the applicant will take to ensure that the sound amplification will not unreasonably disturb other people in the vicinity.
(Write Below):

2. Describe the neighborhood surrounding the location where the sound amplification is to take place.

3. Cash or check made payable to the City of Half Moon Bay (Refer to Current Master Fee Schedule).

4. A signed **Affidavit of Application Materials** that is attached to this application packet.

5. A completed and signed **Sound Amplification Permit Form**.

OFFICE USE ONLY:

FEES PER THE MASTER FEE SCHEDULE:

CASH/CHECK NO. _____ AMOUNT: _____ STAFF: _____ DATE: _____



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AFFIDAVIT of APPLICATION MATERIALS

I, _____ hereby certify that I have read and understood this Affidavit of Certified Application Materials. I understand that it is the Applicant's responsibility to provide all materials necessary for a complete application and that processing will not proceed until application is complete.

I certify that all information provided by the applicant is true and correct regarding this application and proposed project.

I understand that erroneous information may be grounds for denial or modification/revocation of any approvals.

Signed _____ Date _____
(Applicant)

Address _____

Telephone (day) _____

Email _____