

MATANUSKA-SUSITNA BOROUGH

Planning and Land Use Department **Development Services Division**

350 East Dahlia Avenue • Palmer, AK 99645 Phone (907) 861-7822 • Fax (907) 861-8158 Email: 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:				
\$1000 for Temporary No	ise Permit			
Prior to the adjudication of this advertising fees associated with the 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)		· · · · · · · · · · · · · · · · · · ·	
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	h Day:			
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EVENT DESCRIPTION

Give a general description of the activities to	take place during th	e proposed event:
SENSITIVE RECEPTORS		
Provide the name and location of any school facility, or public library within one-half mile		home, church, court, psychiatric
OWNER'S STATEMENT: I am owner of the fo	ollowing property:	
MSB Tax ID #(s) a Temporary Noise Permit on the property as desc	ribed in this applicat	and, I hereby apply for approval of ion.
I understand all activity must be conducted in conwith all other applicable borough, state or federal		olicable standards of MSB 8.55 and
I understand that other rules such as local, state a restrictions may be applicable and other permits borough may also impose conditions and safegu- welfare and ensure the compatibility of the use wi	or authorization may ards designed to pro	be required. I understand that the tect the public's health, safety and
I understand that it is my responsibility to identic covenants, plat notes, and deed restrictions, include		**
I understand that by making application for a Borough, I am required to acknowledge that state open access to all areas of the site before, durin ensure compliance with the requirements of this o	and local governme g, and after the ever	nt officials are guaranteed free and
The information submitted in this application is ac	curate and complete	to the best of my knowledge.
Signature: Property Owner F	Printed Name	Date
Signature: Agent F	Printed Name	Date

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