



# GULFPORT POLICE DEPARTMENT

CHRIS RYLE, CHIEF OF POLICE  
2220 15th Street  
Gulfport, Mississippi 39501  
(228)868-5900

Received in Records Section
Receipt Number
Date/Employee #

## APPLICATION FOR NOISE ORDINANCE VARIANCE

**ATTENTION APPLICANT:** This application must be received and approved a minimum of five (5) business days prior to the scheduled event. If numerous complaints are received, the **NOISE ORDINANCE VARIANCE** will be **revoked**.

All Applications must be typed or handwritten legibly. The \$10.00 Non- Refundable PERMIT fee must be submitted with this application. The permit fee and application will be given to the Gulfport Police Department. If approved, this variance must be available for review any time during the noise or sound making activity in question. This variance must be presented to any police officer or designated official upon request. If the variance is permitted, this application will serve as the official PERMIT for the noise or sound making activity. This PERMIT will, however, be surrendered to any police officer or designated official if it has expired or if any restrictions contained therein have been violated.

Requesting Person or Organization: \_\_\_\_\_

Briefly describe the type of noise or sound making activity for which the variance is requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of noise or sound making activity: \_\_\_\_\_

Expected number of persons attending or participating in the noise or sound making activity: \_\_\_\_\_

Proximity of noise or sound making activity to: (indicate approximate distance):

Churches: _____	Public Library: _____
Hospitals: _____	Residential Area(s): _____
Nursing Homes: _____	Schools: _____

Number of sound amplification devices or equipment: \_\_\_\_\_

Anticipated direction of sound amplification devices or equipment: \_\_\_\_\_

Event day, date & time: Day or Days of Week: \_\_\_\_\_ Date(s): \_\_\_\_\_

Start Time: \_\_\_\_\_  A.M.  P.M. End Time: \_\_\_\_\_  A.M.  P.M.

The sound making activity will be held: (check one)  Indoor  Outdoors  Other

\_\_\_\_\_  
Printed Name of Person Applying for Variance

\_\_\_\_\_  
Signature of Person Applying for Variance

\_\_\_\_\_  
Address of Applicant or (Organization, if applicable)

\_\_\_\_\_  
Phone Number of Applicant or (Organization, if applicable)

\_\_\_\_\_  
E-Mail of Applicant or (Organization, if applicable)

APPLICANT — DO NOT WRITE BELOW THIS LINE

In addition to the above listed criteria, the following conditions will also apply to the variance:

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

This variance request has been reviewed by:

Commander of Operations \_\_\_\_\_  Approved  Approved with Above Conditions  Denied

Chief of Police \_\_\_\_\_  Approved  Denied

If Denied, Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_

This variance will expire on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

- |                                |                                     |                    |
|--------------------------------|-------------------------------------|--------------------|
| CC: Deputy Chief               | Deputy Commander of Support         | Patrol Supervisors |
| Deputy Commander of Operations | Commander of Professional Standards | Communications     |
| Commander of Operations        | Captain of Special Enforcement      | Records            |
| Commander of Support           | Captain of Patrol                   | Master File        |