



GULFPORT POLICE DEPARTMENT

ADAM COOPER, 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) Indoors 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____.

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