

CITY OF PULLMAN NOISE VARIANCE APPLICATION

(Pullman City Code, Chapter 8.80)

Per Pullman City Code, Chapter 8.80, public disturbance noise is prohibited as a public nuisance. It is unlawful for any person to cause or permit any public disturbance noise, or for any person in possession or control of real or personal property to cause or permit to originate from such property any public disturbance noise. Electronically amplified noise is regulated 24 hours a day, and all noise is regulated between 10:00pm and 7:00am, including unamplified voices. Any person, company, or organization wishing to request a noise variance for a specific event shall apply in writing to the Chief of Police. Upon review, the Chief of Police may grant a noise variance if it is determined that the variance is in the public interest and that the proposed activity will have a substantial public participation. Violation of this chapter of City Code can result in a civil infraction and a \$500 fine.

APPLICANT INFORMATION	
Applicant Name (first/middle/last):	
Organization Name (if applicable):	
Applicant/Organization Address:	
City:State:	Zip Code:
Applicant/Organization Address: City: Phone Number: Fax	C:
Email:	
EVENT INFORMATION	
Event Title:	
Hours of Event: From: □a.m. □p.m. To:	□a.m. □p.m.
Event Location: Describe the location and/or route of the event. Feel free to attach maps/diagrams.	
Event Type (check all that apply):	
☐ Parade/March ☐ Political Rally ☐ P	rotest
☐ Sporting Event/Race ☐ Party/Barbeque ☐ C	Concert Other:
Type of Noise Anticipated (check all that apply): ☐ Music – Stereo ☐ Music – D.J./M.C. ☐ M	
☐ Music – Stereo ☐ Music – D.J./M.C. ☐ M	fusic – Live Band(s)/Musical Artist(s)
☐ People Talking ☐ People Cheering/Yelling ☐ O	Other:
Will there be amplified noise: ☐ Yes ☐ No *If yes, please spec	cify all types of amplification (i.e. sound
system, microphone, megaphone, etc.)	
Please list at least one person who can be reached <u>during the event</u> if need arises:	
Primary Contact Person:	
Cell Phone: Alternate P	hone:
Secondary Contact Person:	
Secondary Contact Person: Alternate Phone:	
PUBLIC PARTICIPATION	
Provide information on the anticipated level (number) and type of public participation. PUBLIC INTEREST	
APPLICANT SIGNATURE:	DATE:
Return completed application to:	***FOR INTERNAL USE ONLY***
Pullman Police Department	Date Application Received:
ATTN: Chief of Police	
260 SE Kamiaken St.	Final Disposition: ☐ Granted ☐ Denied
Pullman, WA 99163	Reason for Denial:
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