MUNICIPALITY OF PRINCETON

Office of the Municipal Clerk
400 Witherspoon Street
Princeton, NJ 08540
(609) 924-5704
clerksoffice@princetonnj.gov

NOISE PERMIT APPLICATION

Please allow 5 business days for review. As per Ordinance 2014-35 § Chapter B21, permission is contingent upon a reasonable noise level being maintained for no more than five continuous hours and customarily granted only until 10pm.

NON-REFUNDABLE FEE: $_____ **DATE:** _____
($10 fee per event/per day)

APPLICANT INFORMATION

NAME: _____ PHONE NUMBER: (_____) _____

EMAIL: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____
STREET CITY STATE ZIP

ORGANIZATION EXECUTIVE: _____
NAME TITLE

EVENT INFORMATION

EVENT CONTACT (INDIVIDUAL IN CHARGE ON LOCATION WHERE AMPLIFICATION WILL TAKE PLACE)

NAME: _____ PHONE NUMBER: (_____) _____

EVENT DATE: _____

LOCATION: _____
STREET CITY STATE ZIP

IF LOCATED IN HINDS PLAZA, DO YOU NEED ELECTRICITY? ☐ YES ☐ NO

EVENT START TIME: _____ EVENT END TIME: _____

REQUESTED START TIME OF NOISE AMPLIFICATION: _____

REQUESTED END TIME OF NOISE AMPLIFICATION: _____

ARE YOU APPLYING FOR A PUBLIC ASSEMBLY PERMIT? ☐ YES ☐ NO

_____
APPLICANT SIGNATURE