



City of Wheaton, Illinois

Department of Planning and Economic Development

P.O. Box 727

303 W. Wesley St.

Wheaton, IL 60187-0727

630-260-2008; fax 630-260-2195

www.wheaton.il.us

## Sound Amplification Permit Application

Return To: Department of Planning and Economic Development  
City of Wheaton  
P.O. Box 727  
Wheaton, IL 60187-0727

Phone: 630-260-2008  
Fax: 630-260-2195

### Sound Amplification Equipment Operator Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Provide a phone number below where the operator can be reached during the time when the sound amplification equipment is proposed to be in use:

Phone: \_\_\_\_\_

### Property Owner Information (If owner is different from sound amplification equipment operator):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Provide a phone number below where the property owner can be reached during the time when the sound amplification equipment is proposed to be in use:

Phone: \_\_\_\_\_

Address and location at which the sound amplification equipment will be in operation:

\_\_\_\_\_

General description of the sound amplification equipment and the purposes for which it is to be used:

\_\_\_\_\_

Proposed date and time during which the sound amplification equipment will be in operation:

\_\_\_\_\_

**Use of sound amplification equipment may be authorized by the Director of the Department of Planning and Economic Development subject to the following criteria:**

1. The use of amplified sound equipment shall not be allowed at the same location on more than four days in any calendar week;
2. Amplified sound shall be subject to the maximum permissible noise levels for amplified sound set forth in Wheaton Zoning Ordinance 31.5C2 (100 dBa); and

3. No person shall operate or cause to be operated within the city any sound amplification equipment, the sound from which is plainly audible to occupants of a school during school hours at any time; provided, that this section does not apply to the operation of sound amplification equipment on school grounds.
4. The operation of sound amplification equipment shall cease at 11PM.

Application Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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**For Office Use Only:**

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_