



**ORDINANCE NO. 241 -- NOISE PERMIT
FERGUSON TOWNSHIP, CENTRE COUNTY**

Permit Information:

No.	Date Issued:	Expiration Date:
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Applicant Information:

Name:		
Street Address:		
City:	State:	Zip:
Home Telephone No.:	Work:	
Applicant's Signature:		Date:

Event Information:

Date of Event:
Location of Event:
Approximate Time & Duration of Event:
Nature of Event:
Anticipated number of people to attend Event:

Guidelines:

1. Applicant agrees to comply with attached Noise Ordinance provisions.
2. Permit may be revoked by the Ferguson Township Police Department based on violation of the Township's Noise Ordinance.

Additional Comments/Provisions:

1. _____
2. _____
3. _____

Approval:

Granted: _____ Denied: _____

By: _____ Date: _____
Centrice Martin, Township Manager

[S E A L]