



City of Cashmere
101 WOODRING STREET
CASHMERE, WA 98815
(509) 782-3513

Application for Noise Permit

AGENCY NAME _____

MAILING ADDRESS _____

CONTACT PERSON _____ PHONE _____

EVENT OR ACTIVITY _____

DATE(S) OF EVENT OR ACTIVITY _____

TIME OF EVENT OR ACTIVITY _____

DURATION OF EVEN OR ACTIVITY _____

LOCATION OF EVENT OR ACTIVITY _____

NATURE OF NOISE _____

ANTICIPATED DURATION OF NOISE _____

I have received a copy of the Cashmere Noise Ordinance No. 812 and the Washington Administrative Code Chapter 173-60.

Applicant Signature

Date