

**CITY OF LEXINGTON, VIRGINIA
POLICE DEPARTMENT
AMPLIFIED SOUND PERMIT**

APPLICANT _____

ADDRESS _____

DATE OF ACTIVITY _____ **TIME OF ACTIVITY** _____

PERSON RESPONSIBLE FOR ACTIVITY _____

LOCATION OF ACTIVITY _____

TYPE OF ACTIVITY: BAND _____ **AUDIO EQUIPMENT** _____

CITY OF LEXINGTON NOISE ORDINANCES

§ 275-1 General Prohibition

It shall be unlawful for any person to make, continue, or cause to be made or continued any loud, unnecessary or unusual noise or any noise which either annoys, disturbs, injures or endangers the comfort, repose, health, peace or safety of others, within the city.

§ 275-2 B Radios, phonographs, etc.

The using, operating or permitting to be played, used or operated of any radio receiving set, musical instrument, phonograph or other machine or device for the producing or reproducing of sound in such manner as to disturb the peace, quiet and comfort of the neighboring inhabitants or at any time or any place, including streets, sidewalks, parking lots and other places open to the public, with louder volume than is necessary for convenient hearing for the persons who are in the room, vehicle, chamber or other place in which such machine or device is operated and who are voluntary listeners thereto. The operation of any such set, instrument, phonograph, machine or device in an unenclosed place at any time during the day or night or in an enclosed place between the hours of 11:00 p.m. and 7:00 a.m. in such a manner as to be plainly audible at a distance of 50 feet from the building, structure or vehicle in which it is located or from the device itself, if in the open, shall be prima facie evidence of a violation of this section.

CONDITIONS OF SOUND PERMIT

I/We have read the above city ordinances governing noise and will comply accordingly. I/We further agree to post on the front door of the premises in which the activity is to be held, a permit card furnished by the Lexington Police Dept., stating who is in charge of the activity. It is further agreed that this named person will be readily available at the request of any Lexington police officer. Violation of the conditions of this permit will result in its revocation.

Applicant's Signature _____ **Date** _____

Signature of Person Authorized to issue permit _____ **Date** _____