**Noise Event Application Form**

**Event details**

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| --- | --- |
| **Name of Event:** |  |
| **Full Postal Address of Event Premises/ Site**  |  |
| **Date of Event** |  |
| **Number of days** |  |
| **Start Time:** |  |
| **Finish Time:** |  |

**Organiser details**

|  |  |
| --- | --- |
| **Is the event being held at a Premise Licence site:** | YES / NO |
| **Will you be applying for a Temporary Events Licence?**  | YES / NO |
| **Is the Event being held:** | INDOORS/ OUTDOORS/ MIX OF BOTH |

**Premise Licence Holder/ Organiser Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Responsibilities & Duties**  | **Telephone number** | **Email Address:** |
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**Site Plan**

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| --- | --- |
| **Attach a plan of the premises/ site to a scale of 1:5000** | YES/ NO |
| **Does the plan show the location of all music stages/areas? If no, provide further details:** |  |
| **Please provide dimension details of marquees and any other temporary structure to be used during the event:** |  |

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| **Address:**  | **Distance from Event (in metres)**  |
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**List the noise sensitive properties that may be affected by the event** (Ensure that the person responsible for the control of noise during the event is identified)

**Sound Engineer**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:**  |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Responsibilities & Duties before, during and after the Event** |  |

**Sound System**

|  |  |
| --- | --- |
| **Details on the type of sound system** |  |
| **Size of system in wattage (including details of calculation)** |  |
| **Details on the speaker orientation and alignment including any delays/line array configurations intended to be used?** |  |
| **Details on the number of compressors limiters and other associated equipment** |  |
| **Provide details on the background noise survey** (at the nearest identified noise sensitive premises) |  |

|  |  |
| --- | --- |
| **Date, Time, location(s) of the Sound tests** |  |
| **Are you planning to undertake any noise measurements during the event? If yes, provide further details, including but limited to:** * **Type of noise measure device**
* **Calibration certificate**
* **Noise measurement locations**
* **Durations and frequency of noise measurements**
* **Competence of the officer(s) undertaking the noise measurements.**

(please attach relevant documents at the time of submitting the Noise Event Information Questionnaire)  |  |

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| --- | --- |
| **Will a Public Address System (PAS) be used on site** | YES / NO |
| **Any other activities and/or equipment that will give rise to noise? If yes, please provide further details e.g. Fireworks, generators** |  |
| **What noise mitigation measures are to be in place to minimise the impact on identified noise sensitive premises and the community?** |  |
| **Details on how you will handle complaints related to the event** |  |
| **Provide details on the Complaints telephone Hotline and any other procedures for residents to raise concerns.**  |  |

**Attach a copy of the letter sent to addresses to notify them of the event.**

|  |  |
| --- | --- |
| **Have you used any other form of communication to notify the community of the event and complaints Hotline/reporting method. If yes, please provide further details:**  |  |

**In the table below please confirm the addresses you have notified of the event**

|  |  |
| --- | --- |
| **House Number(s)** | **Road Name/ Address** |
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**Should you have any questions on the Noise Event Information Questionnaire, please email the Environmental Protection Team.**

**Completed Noise Event Information Questionnaire and any additional relevant information should be sent to:**

Bath & North East Somerset Council, Environmental Protection Team

Lewis House, Mavers Street, Bath, BA1 1JG

**Or** emailed directly to: Environmental\_Protection@bathnes.gov.uk

**Signatures**

**Premises Licence Holder(s)**

Print name:

Signed:

Date:

Print name:

Signed:

Date:

**Event organiser(s)**

Print name:

Signed:

Date:

Print name:

Signed:

Date: