

Amplified Device Permit Application

Ordinance 221-5

To the Clerk of the Village of Balsam Lake, County of Polk
The undersigned hereby applies for an Amplified Device Permit

Property Owner Name: _____

Physical Street Address: _____

Phone #: _____ Email address: _____

Type of Amplified device (s) used: _____

Time Day/Night for amplified device: _____
(restricted to the hours of 9:00 am to 12:00 am)

Primary purpose for permit: _____

Unless otherwise stated permit is from July 1 _____ to June 30 _____

Amplified Device Permit \$10.00 fee

A receipt is submitted herewith, showing the payment of \$_____ to the
treasurer, in payment of this permit.

Dated this day _____

Signed: _____

Property Owner

Signed: _____

Municipal Clerk