



Submit this application with appropriate attachments to: **Indoor and Radiological Health Branch**

99-945 Halawa Valley Street

Aiea, HI 96701

(808)586-4700

Please make checks payable to STATE DEPARTMENT OF HEALTH. **All fees are non-refundable.**

There will be a service fee of \$25.00 for any check dishonored by the bank.

State of Hawaii

Department of Health

Please do not use staples

Application for Community Noise Permit

Permit is required by Title 11, Administrative Rules, Department of Health, Chapter 46, Community Noise Control.

Part I. Applicant Information

Name of Company	Authorized Individual
Mailing Address	Title
City State Zipcode	Phone and EMAIL

Part II. Community Noise Permit Fee Schedule (Annual) *Check one box

<input type="checkbox"/> Activities involving demolition, construction, extension, additions, or renovation of a single family dwelling	\$25
<input type="checkbox"/> All other construction activities	\$50
<input type="checkbox"/> Operation of stationary noise sources	\$50
<input type="checkbox"/> Equipment related to agricultural activities	\$50
<input type="checkbox"/> Equipment related to industrial activities	\$50

Part III. Description of Activity

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Part IV. Location of Activity (address including zip code) *Attach map if necessary

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Part V. Equipment to be utilized *Attach list if necessary

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Part VI. Estimated duration of construction activity

*Attach activity schedule for construction activities or attenuation of stationary sources. Please specify month/day/year

From	To
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Certification of Individual Authorized to Act for Applicant

I certify that I have knowledge of the facts herein set forth and that the same are true and correct to the best of my knowledge and belief. Acceptance of this permit constitutes an acknowledgement and agreement that the permittee will comply with all rules, regulations and orders of the department and the conditions precedent to the granting of this permit.

SIGNATURE	Date
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