

**BALDWIN COUNTY CODE ENFORCEMENT
REGISTRATION FORM FOR OUTDOOR EVENTS**

LOCATION OF EVENT _____

DATE AND TIME OF EVENT _____

NAME/TYPE OF EVENT _____

ORGANIZATION SPONSORING EVENT _____

APPLICANT _____

ADDRESS _____

24 HR CONTACT # _____

(IF DIFFERENT THAN PERSON APPLYING FOR EVENT PERMIT)

PROPERTY OWNER'S NAME _____

ADDRESS _____

CONTACT # _____

I agree to abide by all laws of the State of Georgia and the Baldwin County Ordinance pertaining to Loud or Unusual Noise. I have been given a copy of this ordinance.

APPLICANT SIGNATURE

DATE

CODE ENFORCEMENT OFFICER

DATE

Date and Time Transmitted to Sheriff Dept:

By: