

**Section 1: Application Type**

New Permit  
Ownership Change  
Information Change

Anticipated Opening or Activity Date or Date of Change

**Section 2: Contact Person**

Name

Email

Primary Phone

Title

**Section 3: Establishment/Business Information**

Business Name or DBA

Business Phone

Physical Address

Suite

City

ZIP Code

Billing Address

Attn:

City

State

ZIP Code

**Section 4: Business Legal Owner Information**

Legal Entity Name

Type:

Corporation

LLC

Individual

UT Dept. of Commerce Entity #

Address

City

State

ZIP Code

Email

Primary Phone

**Section 5: Permit Type** (check all that apply)

HD Use Only

Body Art (Tattoo/Piercing)\*

Cosmetology\*

Food Service, Childcare

Food Service, Mobile\*

Food Service, Permanent\*

Food Service, Temporary\*

Lodging, Public (Hotel/Motel)\*

HD Use Only

Massage\*

Mass Gathering\*

Meth Decontamination\*

Noise, Temporary\*

Scrap Metal/Auto Recycling\*

Septic/Onsite Wastewater\*

Swimming Pool/Spa\*

HD Use Only

Tanning\*

Tire Hauler

Vehicle Emissions Station

Waste Hauler, Infectious

Waste Hauler, Liquid

Waste Hauler, Solid

Waste Processing\*

*\*Requires plan review.*

Upon acceptance of a permit, the permit holder shall:

1. Comply with all provisions of the Salt Lake County Health Department (SLCoHD).
2. Immediately contact the SLCoHD to report any changes in the information listed on this application.
3. Immediately notify the SLCoHD as soon as the business intends to change ownership or close.
4. Pay all applicable fees established by the Salt Lake County Health Department in the required time frame.

**I am aware that this application does not authorize conducting a business until final approval is given by this agency and all applicable state and municipal agencies including business licensing.** A person shall not operate a regulated facility, business, or establishment without a valid permit issued by the Salt Lake County Health Department. **Application fees are nonrefundable and permits are not transferable to another individual, business, or location.** To open and/or operate a business without final approval is a Class B misdemeanor and punishable by law. Violations of the above conditions of permit may result in follow-up inspection fees, permit suspension, or permit revocation. Failure to notify the SLCoHD regarding changes in the above information will result in penalties. Payment of these penalties in the required time frame is the responsibility of the business owner/agent.



# Temporary Noise Permit Application

Sanitation and Safety Bureau  
Environmental Health Division  
385-468-3835; HealthSan@slco.org

### Section 6: Noise Project/Event Information:

Project/Event Name _____		Address of Project/Event _____	
City _____	ZIP _____	Date(s) and Time(s) of Operation _____	

### Section 7: On-Site Contact Information:

*(If different than permit contact person in Section 2)*

Name _____	Title _____	Phone Number _____
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### Section 8: Project/Event Details:

Please attach a copy of the 48-hour written notice to be distributed to dwellings and facilities within 800 feet of the project. *Notice must be approved by SLCoHD; notice requirements are in section 5.3.2 of [Salt Lake County Health Regulation #21: Community Noise Pollution Control](#).*

Scope of Project/Event, including justification, sound reduction/mitigation procedures, and best management practices (attach additional documents as necessary):

I, \_\_\_\_\_, \_\_\_\_\_, have read and agree to the above conditions of permit. I also declare that all information contained on this application is true and complete.

Owner/Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

*Must be using [Adobe Reader](#) to sign and submit via button.*

**For payment:** Call **385-468-3835** to provide credit card information (Visa/MasterCard only)

Or print and send check or money order to: Salt Lake County Health Department  
Environmental Health Division  
788 East Woodoak Lane (5380 South)  
Murray, Utah 84107

#### HEALTH DEPARTMENT USE ONLY

Approved by: \_\_\_\_\_  
Licensed Environmental Health Scientist Date