CITY OF WEST DES MOINES
CITY COUNCIL MEETING COMMUNICATION

ITEM: Approval of Extended Sound Permit
503 Restaurant - Patio Music

DATE: May 18, 2015

FINANCIAL IMPACT: None

BACKGROUND:

On June 28, 2010, the City Council approved several amendments to the Noise Control Ordinance including the provision that City Council approval is required for any sound permit issued for an event going past 10:00 P.M.

503 Restaurant, located at 1238 8th Street, has submitted a sound permit application to cover their everyday background music played on the patio from 11:00 a.m. to 9:00 p.m. on Monday-Thursday and from 11:00 a.m. to 2:00 a.m. on Friday and Saturday, as well as live music on the patio once a month on weekends, which would end at 11:00 p.m.

This sound permit request was forwarded to the West Des Moines Police Department for their review and they have no objections to this request. As the Friday-Saturday background music is being proposed to end at 2:00 a.m. and the once a month live music is being proposed to end at 11:00 p.m., City staff is forwarding this to the City Council for review and approval. 503 Restaurant opened in February 2015 and this is their first sound permit request.

OUTSTANDING ISSUES (if any): None

RECOMMENDATION: Motion - Approval of Extended Sound Permit Request made by 503 Restaurant

Lead Staff Member: Ryan T. Jacobson, City Clerk RTJ

STAFF REVIEWS

Department Director	Ryan T. Jacobson, City Clerk
Appropriations/Finance	Tim Stiles, Finance Director
Legal	Richard Scieszinski, City Attorney
Agenda Acceptance	RTJ

PUBLICATION(S) (if applicable)

Published In	
Dates(s) Published	

SUBCOMMITTEE REVIEW (if applicable)

Committee	
Date Reviewed	

SOUND PERMIT FEES
- *1-48 hrs event = $22.00*
- *2-7 days event = $44.00*
- *Multiple events in one calendar year = $82.50*

The City Council MUST approve any sound permit request that extends past ten o'clock (10:00) P.M.

Permit Applications received less than two (2) weeks before the event MAY NOT be processed by the City in time for the event

CITY OF WEST DES MOINES
SOUND PERMIT
For the Amplification of a Live Performance

***Denotes required field**

Today's Date 3-17-15 Fee Received: _____ Permit No. _____

*Applicant's Name: 503 Resturant *Phone No. 515-221-2906

*Applicant's **Complete** Address (**include city/state/zip**): 1238 8th St WDM, IA 50265

*Applicant's E-mail Address: marisabarco27@gmail.com

Have you, the applicant, ever been cited for a violation of the West Des Moines Noise Ordinance? Y/ N

If yes, explain: _____

*Property owner name: Carlos Barco

*Property owner address: 2624 Warford St Perry,IA 50220

I, the undersigned, hereby acknowledge and certify that I am the record fee title holder of the property for which this sound permit is requested, and I hereby consent to this application for a sound permit, for the amplification of a live performance, as described on this application.

Carlos Barco 03-17-15
*Property Owner Signature Date

Address of proposed activity: 1238 8th St WDM ,IA
(If located in a City park, please include the name of the park)

*Describe proposed activity, including **EVENT AND MUSIC START AND ENDING TIME(S) AND DATE(S)** and number of people attending: music from 11-9 Monday - Thrusdays fridays and saturdays music till 2am
about 60 people live music on the patio once a month till 11pm. dates while weather allows
end Dec. 31st

*How will the parking for this event be handled? security will be walking out in the parking

****Please refer to Page 2, Paragraph J of this application form regarding wattage requirements for the proposed sound equipment as a sound permit may not be deemed necessary.****

****Attach an 8½" x 11½" sketch plan of the proposed layout of the sound amplification equipment, including the orientation to and approximate distances from the adjoining properties.***

*Have the adjoining property owners/residents been notified of the event for which this permit is requested? Y/ N
If so, please list addresses notified (attach additional sheets if necessary): yes

*Describe what measures will be taken, if any, to minimize the effects of this performance on surrounding property owners. _____

Provide any additional information that pertains to this application for a Sound Permit.
music will be playing slow during the day and night sat and fri will be playing till 2 slow nothing loud

APPLICANT'S CERTIFICATION - I hereby certify under penalty of perjury that the statements furnished including the drawing, present all information required for this application, and that the facts, statements and information presented are true and correct, and based upon my personal knowledge. I hereby acknowledge my obligation to comply with the West Des Moines Municipal Code as it pertains to this activity and to obtain any and all necessary City, County, State and Federal permits, approvals and/or clearances, if applicable. Further, I hereby certify that I have read, understand and have received a copy of the conditions for the operation of the Sound Permit, and hereby agree to comply with such conditions. I also understand that should I fail to comply with the agreed upon conditions, my permit may be immediately revoked and that all other applicable penalties, including criminal prosecution may be pursued.

Carlos Barco 3-17-15

*Applicant's Signature Date

FOR STAFF USE ONLY

APPROVAL OF SOUND PERMIT

Approved by:_____ Date:

City Council Approval Date:

This sound permit is approved subject to the following exhibits and conditions.

Exhibits:

Conditions:

Expiration Date:

DENIAL OF SOUND PERMIT

Denied by:_____ Date:

This sound permit is denied based upon the following findings.

Findings:

Copies of this permit have been distributed to the following departments:

- ☐ Development Services Department
- ☐ City Clerk's Office
- ☐ Police Department
- ☐ Parks and Recreation Department

8th Street

S ← → N