

SPECIAL EVENT PERMIT APPLICATION

Special E	vent Title:		
Company	<u></u>		
Company	Address:		
Phone:	Fax:_		
Location/	Site Master:		
Cell:	Email:_		
Location/	Site Master:		
Cell:	Email:		
	TYPE OF PROJECT	Γ	
	Fair	Tour	
	Grand Opening Celebration	Race	
	Parade	March	
	Rally	Assembly	
_	Festival	Concert	
_	Holiday Celebration	Bicycle/Run	
	Block Party	Other:	
	on of Project:		
Location	of Project:		
	mmercial LocationResidential Locati Preparation Activity:	·	



SPECIAL EVENT

	DATES		HOURS	
	To: To:		A.M./P.M. To: A.M./P.M. To:	
				11.171./1.171
	cial Event Activity:			
	CL	EAN-UP/CLOSE OU		
	DATES	T	HOURS	A 34 (D 34
From: From:	To: To:	From: From:	A.M./P.M. To: A M /P M To:	A.M./P.M. A M /P M
	nn Up/Close Out Activity: _			
NOTE: '	The following three items mu	usts be provided when	applicable:	
2. Proof	lan – Showing Special Event of permission from Property cation of neighbors and busin	Owner for use of the S	_	
ELEMENTS	AND SPECIAL EFFECTS	OR STUNTS (Please	e Check Applicable)	
(Generator(s)			
S	pecial Lighting/Lighting Cra	nnes		
N	Ausic Playback			



1. F 2. R Contact I Phone: Email:	ull and/or Partial Lane and Street Closures equested Variances to any City of Ordinance Name to Schedule the Meeting: Email: Attendees to Attend the Meeting:
1. F 2. R Contact	Name to Schedule the Meeting:
1. F 2. R	equested Variances to any City of Ordinance
of the Cit	
	y and its Residents.
NOTE: 7	The City reserves the right to deny any Special Event Permit that is not within the best interest(s)
	Any Special Requests Not Aireaux Covereu.
Dloogo I ;	st Any Special Requests Not Already Covered:
If any of	the above are checked, please give a detailed description, including dates and times:
	Other:
	Animals
	Vehicles

List any Alteration of Vegetation or Building Modifications that Could Remain Permanent After the



Completion of the Project:				
Number of Tents	s:Square Fo	ootage of Each Tent		
	ons:			
	estrooms (Porta Potties)			
	st Placement and Locati		_	
II Tes, Trease La	st I faccinent and Locati	ons.		
	CD	ECIAL EVENT PRE	D	
	DATES	ECIAL EVENT TRE	HOURS	
From:	To:	From:	A.M./P.M. To:	A.M./P.M.
From:	To:	From:	A.M./P.M. To:	A.M./P.M
LIGER (DI	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
USES : (Please C				
Stre				
	e Closure			
Othe	er:			
If any of the abo	ve are checked, please gi	ve a detailed descript	ion, including dates and	l times:



SERVICE	S REQUIRED: (Please Check Applicable)
	City Police
	City Parks
	Fire Department
	Public Works
	Transportation
	Other:
NOTE: Th	ne City of Austell Shall Be Utilized if Available
If any of tl	he above are checked, please give a detailed description, including dates and times:



HOLDS HARMLESS AGREEMENT

The applicant agrees to indemnify the City of Austell and to be solely and absolutely liable upon any and all claims, suites and judgements against the City and/or the application for personal injuries and property damages arising out of or occurring during the activities of the applicant, his/her (its) employees or otherwise. The applicant further agrees to comply with all pertinent provisions of Georgia laws, rules and regulations. This permit may be revoked at any time.

Applicant Signature	Date
Permit Fee: \$100.00/Day	