SPECIAL EVENT PERMIT APPLICATION
UNIFIED DEVELOPMENT ORDINANCE
TITLE II, SECTION 218-2

DEPARTMENT OF
PLANNING AND DEVELOPMENT

958 Milstead Avenue
Conyers, Georgia 30012

Phone: 770-278-7100
Fax: 770-278-8940
www.rockdalecountyga.gov

APPLICATION MUST BE SUBMITTED TO THE DEPARTMENT OF
PLANNING & DEVELOPMENT AT LEAST THIRTY DAYS PRIOR TO THE
START OF THE EVENT

The Department of Planning and Development, not the applicant, is responsible for circulating
this application to the reviewing departments.

FEE: $30.00 (NONREFUNDABLE)
EVENT:
Location of Event: ____________________________________________________________
Type and Purpose of Event: __________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Date of Event: ______________________ to ______________________
(Limited to a maximum of 10 consecutive days)
Time of Event: From ______________ AM/PM to ____________ AM/PM
Estimated Number of Attendees: ________________________________

MAP:
Provide a map, attached to this application, of the event location to delineate boundaries as required in 218-2(b)(2)(b).

APPLICANT:
Applicant’s Name: __________________________________________________________
Address: __________________________________________________________________
City: ____________________________ State: ________ ZIP: ____________
Phone: __________________________ Alternate Phone: __________________________ 
E-mail: ____________________________________________________________________

If the Special Event activity takes place on private property or on Rockdale County public property including public streets, sidewalks, rights-of-way or parks, and is expected to affect the ordinary use of such property through impacts such as street closings, unlawful parking, impeding emergency access, unsanitary conditions, blocking ingress and egress to private property, and similar impacts, except as exempted under Section 218-2 (1), provide the information requested on the following pages.
**OWNER:**

Please attach a copy of written letter of approval from the property owner.

<table>
<thead>
<tr>
<th>Owner’s Name:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>ZIP:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Alternate Phone:</td>
<td></td>
</tr>
<tr>
<td>E-mail:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HOMEOWNERS ASSOCIATION:**

Please attach a copy of written letter of approval from the Homeowners Association.

| President’s Name: |  |
| Address:          |  |
| City:             | State: | ZIP:  |
| Phone:            | Alternate Phone: |  |
| E-mail:           |  |  |

If located on Rockdale County public property, provide the following information:

**ROCKDALE COUNTY PUBLIC PROPERTY:**

Please attach a copy of written agreement from sponsor.

<p>| Sponsor’s Name (if any): |  |
| Sponsor’s Address:       |  |
| City:                    | State: | ZIP:  |
| Phone:                   | Alternate Phone: |  |
| E-mail:                  |  |  |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will you need temporary power during the event?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will you provide First Aid?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will you provide restroom facilities? If so, indicate location of restroom facilities on event location map.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will you provide trash receptacles? If so, indicate location of trash receptacles on event location map.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will there be vendors? If so, please provide a list of all vendors and products vendors will be selling.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will there be more than one temporary sign posted to advertise the event?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One sign is included with the Special Event Permit fee. If more than one sign is requested, please complete the Temporary Sign Application.</td>
<td></td>
<td></td>
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<tr>
<td>What arrangements have you made for parking vehicles?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will you need the aide of a Sheriff's Deputy for traffic control? Please provide the name and badge number of the officer who will handle traffic control.</td>
<td></td>
<td></td>
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<tr>
<td>Will food and beverages be provided? If so, please provide details.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF THE SPECIAL EVENT IS TO BE LOCATED ON PUBLIC PROPERTY, OBTAIN AND MAINTAIN FOR THE DURATION OF THE SPECIAL EVENT COMPREHENSIVE GENERAL LIABILITY INSURANCE IN A MINIMUM AMOUNT OF $500,000 COMBINED LIMITS FOR BODILY INJURY AND/OR PROPERTY DAMAGE THAT NAMES ROCKDALE COUNTY AS AN ADDITIONAL NAMED INSURED. PLEASE PROVIDE A COPY OF THE INSURANCE CERTIFICATE.

FALSE OR MISREPRESENTED STATEMENTS CONTAINED IN THIS APPLICATION WILL CONSTITUTE REVOCATION OF ANY LICENSE PURCHASED, AND LICENSE WILL BE REVOKED. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ITEMS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT STATEMENTS.

Signature of Applicant: _______________________________
**INDEMNIFICATION**

I, __________________________________________________, shall hold Rockdale County, its officers, employees, and agents harmless from any liability for property damage or bodily injury, including death, which may arise from any acts or omissions emanating from a special event located on or involving any portion of public property. *I also recognize that this permit does not authorize violation of any Federal, State of Georgia, or Rockdale County ordinance or regulation.*

**Signature of Applicant:** __________________________________________________

### Name of Event:

____________________________________________________

### ROCKDALE COUNTY SHERIFF’S OFFICE:

**Will the event require traffic and crowd control?**

________________________

**Conditions of approval:** ____________________________________________

____________________________________________________

**Approval:** ____________________________  **Date:** ____________________________

### ROCKDALE COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH:

**Will outdoor toilet facilities be required?**

________________________  **How many?**

**Will any food or drink products be served?**

____________

*If so, please describe:*

____________________________________________________

**Will temporary garbage receptacles be required?**

________________________

*If so, how many will be required?*

________________________

**Conditions of approval:** ____________________________________________

____________________________________________________

**Approval:** ____________________________  **Date:** ____________________________
**ROCKDALE COUNTY FIRE DEPARTMENT:**

Conditions of approval:

____________________________________________________________________________

____________________________________________________________________________

Approval: _____________________________ Date: _____________________________

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**PERMIT ISSUANCE:**

**ROCKDALE COUNTY DEPARTMENT OF PLANNING & DEVELOPMENT:**

Conditions of approval:

____________________________________________________________________________

____________________________________________________________________________

Approval: _____________________________ Date: _____________________________

**THIS SPECIAL EVENT PERMIT WAS ISSUED ON:** _____________________________