



**Oconee County**  
**Planning & Code Enforcement**  
 Guy Herring, Director

Board of Commissioners  
 John Daniell, Chairman  
 Mark Thomas, Post 1  
 Chuck Horton, Post 2  
 Vacant, Post 3  
 Mark Saxon, Post 4

|                                       |
|---------------------------------------|
| Application Fee Paid \$ <u>100.00</u> |
| Permit Number _____                   |
| Date _____                            |
| Receipt Number _____                  |

**APPLICATION FOR TEMPORARY EVENT PERMIT**

NAME OF EVENT \_\_\_\_\_

DATE(S) OF EVENT \_\_\_\_\_ TIME OF EVENT (FROM/TO) \_\_\_\_\_

LOCATION(S) OF EVENT \_\_\_\_\_

PURPOSE OF EVENT \_\_\_\_\_

PEAK CROWD ESTIMATE \_\_\_\_\_

NAME OF SPONSOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_

ADDITIONAL CONTACT PERSON \_\_\_\_\_

TELEPHONE (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_

TYPE OF EVENT (check all that apply)

FESTIVAL     
  SALE/AUCTION     
  FIREWORKS DISPLAY     
  SIDEWALK EXHIBIT  
 BICYCLE RACE / RIDE     
  MARCH / PARADE / DEMONSTRATION     
  ROAD RACE/WALKATHON  
 CONCERT/STREET DANCE     
  OTHER (SPECIFY)

DESCRIPTION OF EVENT (Please answer the following questions in complete sentences.)

1. Please provide a brief narrative of the event (If narrative does not fit in the space provided, please attach to application).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What is the estimated number of attendees/participants?

\_\_\_\_\_

\_\_\_\_\_

3. What are the dates and hours of operation of the event or use (including the first and last day of the event)?

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4. Do you have a crowd management plan or arrangement? If so, please specify the plan or arrangements (If management plan does not fit in the space provided, please attach to application).

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5. Have emergency medical/ambulance services been retained? If so, please specify the name of the medical and ambulance services.

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6. Will security personnel be retained for traffic safety and security purposes? If so, how many security personnel will be retained and what are their qualifications? *If no security personnel will be retained, please write: No security personnel will be retained.*

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7. What is the dollar amount of surety bond to secure the cost of security personnel and clean up associated with the use? *If no security personnel will be retained, please write: No security personnel will be retained.*

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PLEASE ATTACH THE FOLLOWING **REQUIRED** INFORMATION

LOCATION MAP: A map showing the location of the event and the area to be used for off street parking, including total parking capacity and safe access to public street(s) (please also show the surrounding properties).

PLEASE MARK ALL THAT APPLY, AND ATTACH THE REQUESTED INFORMATION TO THE APPLICATION

CLEAN UP PROVIDED BY:     EVENT VOLUNTEER                       PRIVATE CONTRACTOR

ELECTRICAL SERVICES REQUIRED?

If yes, attach a detailed description of needs identifying location & electrical requirements.

TENTS. QUALITY \_\_\_\_\_ BRAND \_\_\_\_\_ SIZE \_\_\_\_\_

AN ADDITIONAL PERMIT MAY BE REQUIRED FROM CODE ENFORCEMENT (706-769-3907). IF TENTS ARE ENCLOSED, APPROVAL IS REQUIRED FROM CODE ENFORCEMENT (706-769-3907; must identify location of tents on map and submit with application).

ARRANGEMENTS HAVE BEEN MADE FOR RESTROOM FACILITIES.

LOCATION AND # AVAILABLE \_\_\_\_\_

FIREWORKS  
ADDITIONAL PERMITS REQUIRED FROM PROBATE COURT (706-769-3936) AND THE FIRE DEPARTMENT (706-769-3975). COPY OF FIREWORKS PERMIT MUST BE SUBMITTED TO CODE ENFORCEMENT (must identify location on map and submit with application.)

STREET CLOSURE.  
IF YES, ATTACH A SCHEDULE DETAILING EXACT LOCATION(S) AND EXACT TIME(S) OF CLOSURE (must identify location on map and submit with application).

IF YOUR EVENT REQUIRES A STREET CLOSURE, PLEASE CHOOSE ONE OF THE FOLLOWING:

ANNUAL EVENT (street closures have been handled by the Sheriff's Office in previous years, and there aren't any significant changes in event plans).

ANNUAL EVENT (street closures have been handled by applicant in previous years).  
If your event requires the use of Oconee County barricades, cones, or signs, you must attach a detailed list of needs (types & quantity), and provide a schedule of what day/time the equipment will be picked up and what day/time the equipment will be returned. The Applicant is responsible for the pickup and return of all equipment.

NEW EVENT (after review of your application, we will advise you if any additional information is needed).

APPLICANT'S NAME (please print): \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPROVED BY:**

\_\_\_\_\_  
Sheriff's Office

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Planning & Code Enforcement

\_\_\_\_\_  
Date