



# Code Enforcement

7635 Macon Highway • Suite 400 • Watkinsville, Georgia 30677 • 706-769-3907

# APPLICATION FOR EVENTS USING PUBLIC RIGHTS-OF-WAY

**Application Fee \$100.00**  
**Date** \_\_\_\_\_  
**Receipt Number** \_\_\_\_\_

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

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

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

**PURPOSE OF EVENT** (must demonstrate benefit to community) \_\_\_\_\_

DESCRIPTION OF EVENT (attach additional pages if necessary) \_\_\_\_\_

#### PEAK CROWD OR PARTICIPANTS ESTIMATE

PEAK CROWD OR PARTICIPANTS ESTIMATE \_\_\_\_\_

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

## ADDRESS

CONTACT INFO: PHONE: (404) 555-1234

Е. МАН

TYPE OF EVENT (check all that apply)

TYPE OF EVENT (check all that apply)

WALKATHON / ROAD RACE  OTHER (SPECIFY)

BICYCLE RACE / RIDE       MARCH / PARADE / DEMONSTRATION  
 WALKATHON / ROAD RACE  OTHER (SPECIFY) \_\_\_\_\_

**EVENT CHECKLIST (check all that apply)**

<input type="checkbox"/> CROWD CONTROL ARRAGEMENT	<input type="checkbox"/> TRAFFIC SAFETY / CONTROL
<hr/>	<hr/>
<input type="checkbox"/> SECURITY	<input type="checkbox"/> RESTROOMS (locations & quantity)
<hr/>	<hr/>
<input type="checkbox"/> EMERGENCY MEDICAL / AMBULANCE SERVICE	<input type="checkbox"/> WASTE CONTROL (identify responsible party for clean-up / collecting garbage)
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**EVENT CHECKLIST CON'T (check all that apply)**

If the event requires a street closure, provide schedule of closure locations, times and law enforcement agency / or agency handling traffic for closure.

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Is Electrical Service required?  YES  NO

If yes, provide a detailed description of needs identifying location and electrical requirements.

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Will Tents be used for the event?  YES  NO

If yes, provide tent(s) information  
Size(s) \_\_\_\_\_ Brand(s) \_\_\_\_\_  
Color(s) \_\_\_\_\_ Quality \_\_\_\_\_

If yes, please contact the Code Enforcement Department as additional permits may be necessary at 706-769-3907. If tents are enclosed, approval is required from the Code Enforcement Department.

All tent locations must be identified on a map and submitted with the application.  ATTACHED  N/A

APPLICANT'S NAME (please print) \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_ DATE OF EVENT(S) \_\_\_\_\_

CONTACT INFO PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**► COUNTY STAFF REVIEW ◀****RECOMMENDATION**

Oconee County Sheriff / Sheriff's Designee

APPROVAL  DENIAL

Fire Chief

APPROVAL  DENIAL

Public Works Director

APPROVAL  DENIAL

Code Enforcement & Planning Director

APPROVAL  DENIAL

The event described in this application and supporting documentation is  approved  denied on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Chairman, Board of Commissioners

or

County Administrator