

Carroll County Department of Community Development

997 Newnan Rd P.O. Box 338 Carrollton, GA 30117 (770) 830-5861

Date Received Fee \$100

APPLICATION FOR MASS GATHERING PERMIT Applicant Name: _____ Phone: () Address: ______State: ______Zip: ________State: _______State: _______ City: Age: **EVENT INFORMATION:** Type of Event: Date and Time of Event: (including start and end times) Approximate number of guests: _____ Type of entertainment: ____ Will alcohol be served? Yes ____ No ____ Will you have catering? Yes _____ No ____ If so, does this caterer hold a Carroll County Beer and Wine License? Yes _____ No ____ License #: _____ LOCATION INFORMATION: Name of Venue or Address of Event: Property Owner's Name: If not a registered venue, is there sufficient parking for all vehicles? Yes _____ No ____ (must be approved by S.O.) Provide parking and traffic control plan: Are there restroom facilities? Yes _____ No ____ (must be approved by Environmental Health) Provide approved restroom plan: Person responsible for cleanup? ______ Phone #: _____ Will you have signage? Yes _____ No ____ If yes, please provide photo or drawing of signage with size noted. Fire Department Approval: ______ Date: _____ Sheriff Department Approval: ______ Date: _____ Environmental Health Approval: ______ Date: _____ Community Development Approval: Date:

Note: Special Event Permits are limited to three (3) per calendar year in areas not zoned and licensed as Special Event Centers.



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AFFIDAVIT FOR A SPECIAL EVENT PERMIT

, [PRINT NAME] personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a SPECIAL EVENT PERMIT under the ordinances of Carroll County.					
The information contained within the application attached hereto and filed in the Carroll County Department of Community Development consist of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.					
On behalf of the Applicant, I declare that the Applicant, regardless if a partnersh entity that is receiving a benefit under this Application, License, Permit, or other applicable) is not delinquent in the payment of any taxes or fees due Carroll Cou	Department approval (whichever is				
FURTHER AFFIANT SAYETH NOT. I declare under penalty of false swearing that the above is true and correct. This day of, AFFIANT (signature) Personal Address:	If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address. Entity: Address:				
Notary Sworn to and subscribed before me on thisday of	Seal:				



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PARCEL INFORMATION SHEET APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

To be filled out by Map Room Personnel in Room #414

DEPARTMENT STA	FF/MAP ROO	M OFFICIAL:	T
MAP:			LAND LOT:
PARCEL:			DISTRICT:
CURRENT PROPERT	Y OWNER:		
PROPERTY OWNER	AS OF JANU	ARY 1 ST :	
APPLICANT (IF DIFF	ERENT FROM	M OWNER):	
PROJECT ADDRESS:			
CITY:			
TELEPHONE NUMBI	ER:		
SUBDIVISION:		L	LOT#:
ACREAGE:			PARCEL SPLIT FROM:
CURRENT ZONING	CLASSIFICA	ATION	
REQUIRED SETBACKS FRONT SIDE REAR CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST Owner(s) & Agent (if applicable) Legal Description or Adequate Description of Property Complete Inventory of Existing Structures (noting uses & non-conforming structures) Complete Inventory of Proposed Structures Complete Inventory of Existing Uses and/or Activities Applicant's Certification Signature of County Planner or Designee: Comments:			
CDP COMPLIANCE PLAT APPROVED	☐ YES ☐ NO	Signature of CDP Adn Comments: Signature of County	dministrator or Designee: Date: y Engineer or Designee: Date:
APPROVED FOR NEW ADDRESS	☐ YES ☐ NO	Signature of County P Comments:	Planner or Designee: Date:

CARROLL COUNTY MASS GATHERING APPLICATION CHECKLIST

Event N	ame: Applicant/Promoter:
Date rec	eived: Number of copies received:
	Applicant's name and address
	Promoter's name and address
	Name and address of the owner of the property on which the mass gathering will be held
	A copy of the agreement between the promoter and the property owner
	The location of the owner of the property on which the mass gathering will be held
	The dates and times that the mass gathering will be held (starting and ending time each day)
	The name and address of each performer and agent who has agreed to appear at the mass gathering
	A description of each step the promoter has taken to ensure that minimum standards of sanitation and health will be maintained during the mass gathering
	A description of all preparations being made to provide traffic control, to ensure that the mass gathering will be conducted in an orderly manner, and to protect the physical safety of the persons who attend the mass gathering
	A description of the preparations made to supervise minors who may attend the mass gatherings
	The maximum number of persons the promoter will allow to attend the mass gathering and provide a plan for limiting attendance, including methods of entering the area, number and location of ticket booths and entrances, and provisions for keeping non-ticket holders out of the area.
	A statement verifying that all construction and installation of facilities as required will be completed at least 24 hours prior to the commencement of the event
	A statement from local fire and law enforcement authorities having jurisdiction over the area acknowledging that the authorities can supply adequate security, traffic control, and law enforcement for the proposed gathering

PLEASE ENSURE THAT YOU HAVE READ THE MASS GATHERING ORDINANCE CHAPTER 60 of THE CARROLL COUNTY, GEORGIA CODE OF ORDINANCES