



3120 Stonecrest Blvd. • Stonecrest, Georgia 30038 • (770) 224-0200 • www.stonecrestga.gov

Special Administrative Permit Application (Special Event)

The Special Administrative Permit does not require a public hearing. The Director of Planning & Zoning will issue a decision within 30 days. The review timeframe begins after the date of application acceptance by city staff. In making this request, the applicant understands that the sponsor will hold harmless and indemnify the City of Stonecrest, its officers, employees, and agents against injury, loss or damage occurring because of this special event.

Application Checklist

(Incomplete applications will not be accepted) (check all that applies)

- Pre-application meeting
- Completed Application.
- Site plan detailing location of amenities, equipment and/or apparatuses, event resources, etc.
- Letter of Intent**
- Traffic mitigation plan and/or Race/Walk Route (Public Safety and MARTA coordination)
- Proof of receipt of a DeKalb County Temporary Food Service Permit Application (Health Dept Approval)
- Copy of DeKalb County Police Department Approval
- Copy of DeKalb County EMS or EMS Provider / DeKalb County Fire Department Approval
- Fireworks Information (type of fireworks, map of set-up and fall-out area, and license of operator)



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Temporary outdoor uses: General requirements.

- A. Temporary outdoor uses shall not be held, unless the necessary special administrative permit is obtained from the planning department, subject to the provisions of article 7, and any other applicable agency which may require review prior to issuance of permits.
- B. Any applicant for a permit for temporary outdoor use shall have the written authorization of the owner of the property to use the property for the specific event for which the application was submitted.
- C. All applicants for a permit for temporary outdoor use shall obtain a business license, if applicable.
- D. All approvals, permits, or licenses granted under this division must be displayed in a conspicuous manner on the premises at all times for inspection by City of Stonecrest.
- E. No temporary outdoor use may be located within or encroach upon any drainage easement, public sidewalk or right-of-way, fire lanes, designated loading areas, driveways, maneuvering aisles, or ADA minimum four-foot sidewalk width within private sidewalks or other areas intended for pedestrian movement.
- F. Temporary signage is permitted subject to the size and height standards in accordance with chapter 21, signs.



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- G. No operator, employee, or representative of the operator of a temporary outdoor use shall solicit directly from the motoring public.
- H. Any temporary outdoor uses which have not complied with this division shall be a violation of this section. Any person or entity found to be in violation of this section may be punished as provided for in article 7.
- I. No temporary outdoor use shall be conducted within any public right-of-way unless permitted by public entity.
- J. Merchandise shall only be displayed in a manner that does not obstruct pedestrian or vehicular circulation or flow of traffic.
- K. Merchandise shall only be displayed in an area not wider than fifty (50) percent of the total linear frontage of the building occupied by the merchant.
- L. The premises for a temporary outdoor use shall be restored to a sanitary condition, i.e., cleaned and cleared of all litter, trash and debris; and all equipment, materials, signs, temporary power poles, etc., associated with the temporary outdoor use shall be removed from the property within two (2) days of the last day specified for such use, except for yard sales. All unsold yard sale merchandise remaining at the conclusion of the sale must be removed immediately. Purchased yard sale merchandise must be removed within twenty-four (24) hours of conclusion of the sale.

For Parade / Marathon Events:

- Traffic mitigation plan
 - Emergency Service/Public Safety Plan
 - Certificate of Insurance
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- (i) Name, address, and telephone number of the person, if the applicant is an individual, or the name, address, and telephone number of an applicant corporation, partnership, organization, or group;
 - (ii) Date, time, and location where the proposed event is to take place, including proposed routes of travel on public streets to be used for the event;
 - (iii) Description of activity involved with the event;
 - (iv) An approximate number of persons, animals, and vehicles which will be involved with the event;
 - (v) Names, home addresses, and telephone numbers of individuals involved with the applicant, if not an individual, who have oversight responsibility for the organization and conduct of the event on behalf of applicant;
 - (vi) A description of any recording equipment, sound amplification equipment, signs, or other attention getting devices proposed to be used during the event;



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- (vii) Plans for disposal of trash and cleanup of event area; first aid provisions; vehicle and trailer storage provisions; and toilet facilities available to event participants; and
- (viii) Any additional information which the City Manager may find reasonably necessary to the fair administration of this chapter which may include a complete record of all arrests and convictions against the applicant and every partner, officer or director of the applicant for violations of any and all laws and ordinances of the city, county, state, or federal government, other than minor traffic violations.
 - The application shall be signed and sworn to by the applicant if an individual, or by a partner, if a partnership, or by an officer, if a corporation.
 - All information furnished or secured under the authority of this article shall be kept and maintained by the City and shall be utilized only by the officials of the City responsible for administering these provisions.
 - Any false statement in an application for a permit may be grounds for revocation or denial of the permit



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Application

Event Type		
Applicant Information	Name:	
	Address:	
	Social Media/ Website:	
	Phone:	Email:

Event Purpose/ Brief Description		
Identify Event	<input type="checkbox"/> CARNIVAL/FAIR <input type="checkbox"/> DEMONSTRATION <input type="checkbox"/> CONCERT/PERFORMANCE <input type="checkbox"/> FESTIVAL <input type="checkbox"/> FUNDRAISER <input type="checkbox"/> HISTORICAL CELEBRATION <input type="checkbox"/> OUTDOOR/FARMER'S MARKET <input type="checkbox"/> MARATHON/RACE/WALK <input type="checkbox"/> PARADE/PROCESSION <input type="checkbox"/> Wedding _____ OTHER (Describe Other)	
EVENT VENUE & LOCATION REQUESTED:		
ESTIMATED # PARTICIPANTS:		
EVENT START DATE/TIME:		
EVENT END DATE/TIME:		
EVENT RAIN DATE REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Organization a bona fide tax exempt, nonprofit entity: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, you must ATTACH a copy of your IRS 501 (c) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status.)		
WILL AMPLIFIED MUSIC BE USED: YES <input type="checkbox"/> NO <input type="checkbox"/>		
IDENTIFY TYPE MUSICAL ENTERTAINMENT REQUESTED: BAND <input type="checkbox"/> DISC-JOCKEY <input type="checkbox"/> OTHER <input type="checkbox"/>		
Public Notice/Correspondence: Notice to surrounding properties owners with a 500' radius of event. A copy must be attached. Make sure that the notification includes the dates and times of all street/lane closures associated with your event as well as the hours of any amplified sound, if applicable.		
Please indicate the types of advertising (check all that apply): Local Radio <input type="checkbox"/> National Radio <input type="checkbox"/> Local TV <input type="checkbox"/> National TV <input type="checkbox"/> Cable TV <input type="checkbox"/> Local Newspaper <input type="checkbox"/> National Newspaper <input type="checkbox"/> Direct Mail/Flyers <input type="checkbox"/> Internet Email <input type="checkbox"/> Billboards <input type="checkbox"/> Social Media <input type="checkbox"/> Eventbrite <input type="checkbox"/>		
Will there be live media coverage during the event? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe:		



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<p>ALCOHOLIC BEVERAGE INVOLVED IN THIS ACTIVITY: <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes please describe circumstances involved with the use of alcoholic beverage and if the activity involves the sale of alcohol at this event)</p> <p>Any person(s) or organization seeking a temporary alcoholic beverage permit must obtain Temporary Alcoholic Beverage License Application from the City of Stonecrest Zoning and Planning Department at 770-224-0200.</p>	
<p>LIST RACE/WALK STREET ROUTES, IF APPLICABLE (A clear & legible map showing walk/run routes also requested –Please attach map to application):</p>	
<p>SANITATION/CLEAN-UP PLAN: <input type="checkbox"/> YES <input type="checkbox"/> NO CONTACT INFORMATION: NAME AND NUMBER OF PERSON RESPONSIBLE DURING EVENT FOR SERVICES:</p> <p>NUMBER OF TRASH AND RECYCLING RECEPTACLES PROVIDED: _____ DATE TRASH & RECYCLING WILL BE REMOVED FROM LOCATION:</p> <p>DESCRIPTION OF THE SIGNAGE USED TO IDENTIFY RECYCLING BINS AND PROMOTE RECYCLING:</p>	
<p>PORTABLE RESTROOM: <input type="checkbox"/> YES <input type="checkbox"/> NO (Standard and ADA, Number of portable restrooms: _____ Standard _____ ADA DATE & Time: _____ Drop off _____ Pick up</p>	
<p>DESCRIBE OTHER EQUIPMENT REQUESTED FOR PLACEMENT: (Please note if “other” equipment includes the use of a moon bounce and or inflatable carnival type rides and activities provided by a 3rd party vendor, proof of insurance by the vendor providing such equipment will be required. The 3rd party vendor shall provide a current certificate of insurance indicating at least \$1 million in general liability and completed operations coverage and certificate of workers’ compensation coverage, if applicable. Said insurance shall name the City of Stonecrest (including its officers, officials, employees and agents) as an additional insured party to the insurance contract. A copy of said documents must be provided to the Parks & Recreation Department by the requested due date specified.)</p>	
<p>WILL FOOD BE DISTRIBUTED AT THIS EVENT: <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes a Temporary Food Permit will be required by the Health Department: TEMPORARY FOOD SERVICE PERMIT APPLICATION Division of Environmental Health DeKalb County Board of Health 445 Winn Way, Suite 320, Decatur, GA 30030 Phone: (404) 508-7900 Fax: (404) 508-7979 www.dekalbhealth.net)</p>	
<p>ANY LP-GAS, CHARCOAL, FLAMMABLE or COMBUSTIBLE LIQUIDS USED: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>NUMBER OF FOOD VENDORS _____</p>	<p>CONTACT NAME (If different from Sponsor/Applicant): CONTACT TELEPHONE (If different from Sponsor/Applicant):</p>



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SAFETY/SECURITY PLAN: (Attach Plan of Action or briefly describe safety/security plan to include, but not limited to, crowd control, EMS, internal security and venue safety)	
Are you hiring additional security from a private security company? <input type="checkbox"/> YES <input type="checkbox"/> NO (Private security is not a substitute for post-certified off-duty law enforcement personnel. If yes, please list the Name and Contact Number of private security company:	
Providing EMS SERVICES: <input type="checkbox"/> YES <input type="checkbox"/> NO (Include contact information (Name/Number), complete listing of contracted services, the manner in which they will be managed/deployed, complete listing of personnel state certification levels and date(s)/hours of all medical aid areas) Name and Contact Number of Contracted EMS services:	
DEKALB COUNTY POLICE DEPARTMENT APPROVAL: East Precinct Commander <input type="checkbox"/> YES <input type="checkbox"/> NO	
DEKALB COUNTY POLICE DEPARTMENT COMMANDER SIGNATURE	
DEKALB COUNTY FIRE MARSHAL DEPARTMENT APPROVAL: <input type="checkbox"/> YES <input type="checkbox"/> NO Providing Staging, Tent and Temporary Structures: <input type="checkbox"/> YES <input type="checkbox"/> NO Client must provide proof of documentation stating tents, staging or temporary structures has been approved by the Dekalb County Fire Department.	