



# Henry County Government Temporary Special Event Application Checklist

The following information must be either included on the application or submitted along with the application for special event permit approval:

### SITE LOCATION INFORMATION

The name, address, telephone number and zoning for the business location.

### APPLICANT OWNER INFORMATION

The name, address and telephone number of property owner.

### PROPERTY OWNER CONSENT FORM

Written consent of the owner of the building or lot upon which the special event will be located.  
**(ATTACHED)**

### INFORMATION

Site plan depicting the layout of the proposed special event

### PAYMENT

\$50.00 per application

Note: A separate payment may be required for Fire Inspection or use of Henry County Police personnel

APPLICANT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## OFFICIAL USE ONLY

### PROCESSED

BY: \_\_\_\_\_

### SITE LOCATION INFORMATION

\_\_\_\_\_

### PROPERTY OWNER INFORMATION

\_\_\_\_\_

### PROPERTY OWNER CONSENT FORM

\_\_\_\_\_

### INFORMATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### NOTES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Henry County Temporary Permit Application for Special Event

Upon receipt of application, Henry County Planning and Zoning staff will schedule a meeting with the applicant and the appropriate Henry County staff members to discuss the event fully.

### Applicant Information

Name of person or organization applying: \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Contact Person \_\_\_\_\_ Contact Number (\_\_\_\_) \_\_\_\_\_

### Special Event Location Information

Street Address of Event \_\_\_\_\_  
\*Land Lot(s) \_\_\_\_\_ \*District \_\_\_\_\_ \*Nearest Intersection \_\_\_\_\_  
Parcel ID # (REQUIRED) \_\_\_\_\_

### Property Owner Information

Name of Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

### Description of Special Event

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Hours of the Event: \_\_\_\_\_  
Fully Describe Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your event includes participants walking, running, biking, or using motorcycles on public roads, you must include a detailed route map.

Will food be cooked or prepared on site? If so, applicant is responsible for contacting the Henry County Environmental Health Department for additional information on the required State permits. Their number is 770-288-6190.

THE APPLICANT SHALL BE RESPONSIBLE FROM THE DATE OF THIS PERMIT, OR FROM THE TIME OF THE BEGINNING OF THE SPECIAL EVENT, WHICHEVER SHALL BE THE EARLIER, FOR ALL INJURY OR DAMAGE OF ANY KIND RESULTING FROM THIS SPECIAL EVENT, WHETHER FOR THE BASIC SERVICES OR ADDITIONAL SERVICES TO PERSONS OR PROPERTY, THE APPLICANT SHALL EXONERATE, INDEMNIFY AND SAVE HARMLESS THE COUNTY AND ITS EMPLOYEES FROM AND AGAINST ALL CLAIMS OR ACTIONS, AND ALL EXPENSES INCIDENTAL TO THE DEFENSE OF ANY SUCH CLAIMS, LITIGATION, AND ACTIONS, BASED UPON OR ARISING OUT OF DAMAGE OR INJURY (INCLUDING DEATH) TO PERSONS OR PROPERTY CAUSED BY OR SUSTAINED IN CONNECTION WITH THE PERFORMANCE OF THIS PERMIT OR BY CONDITIONS CREATED THEREBY OR ARISING OUT OF OR IN ANY WAY CONNECTED WITH WORK PERFORMED UNDER THE PERMIT WITH THE ACQUISITION OF AND CONSTRUCTION UNDER THE PERMIT AND SHALL ASSUME AND PAY FOR, WITHOUT COST TO THE COUNTY, THE DEFENSE OF ANY AND ALL CLAIM, LITIGATIONS, AND ACTIONS, SUFFERED THROUGH ANY ACT OR OMISSION OF THE APPLICANT OR ANY SUBCONTRACTOR, OR ANYONE DIRECTLY OR INDIRECTLY EMPLOYED UNDER THE SUPERVISION OF ANY OF THEM. I HEREBY CERTIFY THAT I HAVE EXAMINED AND UNDERSTAND ALL INFORMATION ON THIS APPLICATION AND THAT THE ABOVE STATEMENTS AND INFORMATION SUPPLIED BY ME ARE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING WORK TO BE PERFORMED SHALL BE COMPILED WITH WHETHER SPECIFIED HEREIN OR NOT. **PLANNING STAFF RESERVES THIRTY (30) DAYS TO PROCESS THIS APPLICATION.**

PLEASE PRINT NAME \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

**DO NOT COMPLETE THE FOLLOWING-OFFICE USE ONLY**

#### PLANNING AND ZONING DEPARTMENT

Map Number \_\_\_\_\_ District \_\_\_\_\_ Land Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_  
Application APPROVED / DENIED by \_\_\_\_\_ Date: \_\_\_\_\_  
Application fee amount \$ \_\_\_\_\_ cash/check# \_\_\_\_\_ received by \_\_\_\_\_ Date Submitted: \_\_\_\_\_



## Temporary Special Event Permit: Owner Consent Letter

To Whom It May Concern:

I hereby authorize \_\_\_\_\_ and any of its agents to obtain all necessary special event permits and documentation needed to conduct the special event at the following:

Address of property: \_\_\_\_\_

Parcel ID number(s): \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_