



**City of Fort Oglethorpe**  
**Building Department**  
500 City Hall Drive  
Fort Oglethorpe, Georgia 30742  
706-866-2544 ext. 1200

**Application For Special Event Permit**

(Application Must be filed at least 60 days prior to the date the event is scheduled)

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours of Operation \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Start Date: \_\_\_\_\_ Event End Date: \_\_\_\_\_

Event Purpose and Description: \_\_\_\_\_

Expected Attendance No.: \_\_\_\_\_

Location: The outermost boundaries of the special event shall be fully and clearly delineated on a map, which shall be no smaller than 8 ½" x 11", and attached to the application for permit. All public street and/or sidewalks within and adjacent to such area(s) or public rights of way on which government services are impacted shall be clearly identified.

Liability Insurance Carrier: \_\_\_\_\_

Vendors: Attach a separate sheet listing all vendors with a description of conditions/limitations for each.

Temporary Structures: Attach a separate sheet listing all such structure with a description of each.

Temporary Banners/Signs: Attach a separate sheet listing all such banners/signs with a description of each.

Does Event Use Fireworks: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is This A Public Event: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Admission Charged: <input type="checkbox"/> Yes <input type="checkbox"/> No
Will You Be Taking Donations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is This A Charity Event: <input type="checkbox"/> Yes <input type="checkbox"/> No	Will Alcohol Be Served: <input type="checkbox"/> Yes <input type="checkbox"/> No

***The event organizer may be required to deliver written notice to all businesses and residents on or near the event site.***

Organization/Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Person \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_

Secondary Contact Phone: \_\_\_\_\_

Secondary Contact Person Email: \_\_\_\_\_

# FORT OGLETHORPE SPECIAL EVENT PERMIT SIGN OFF SHEET

**Fort Oglethorpe Police Department:** \_\_\_\_\_  
(Signature or Representative)

\_\_\_\_\_  
(Comments)

**Fort Oglethorpe Streets Department:** \_\_\_\_\_  
(Signature or Representative)

\_\_\_\_\_  
(Comments)

**Fort Oglethorpe Recreation Department:** \_\_\_\_\_  
(Signature or Representative)

\_\_\_\_\_  
(Comments)

**Fort Oglethorpe Building and Zoning Department:** \_\_\_\_\_  
(Signature or Representative)

\_\_\_\_\_  
(Comments)

**Fort Oglethorpe Sewer and Water Department:** \_\_\_\_\_  
(Signature or Representative)

\_\_\_\_\_  
(Comments)

**Catoosa County Fire Department:** \_\_\_\_\_  
(Signature or Representative)

\_\_\_\_\_  
(Comments)

**Catoosa County Environmental Health:** \_\_\_\_\_  
(Signature or Representative)

\_\_\_\_\_  
(Comments)