

ATLANTA POLICE DEPARTMENT
Application for Temporary Street or Lane Closing

Note: City of Atlanta, Code of Ordinances, Section 142-85(a) requires a \$50.00 permit fee on Street Closure or Sidewalk Closure Permits that are not associated with an Outdoor Festival, Large Gathering or Assembly as defined by City code. Upon receiving an invoice (\$50 - for the approved permit), the fee will be paid by the applicant at the Cashier's window at City Hall, 55 Trinity Ave, Atlanta, GA 30303 prior to the issuance of the permit

Name:		Telephone #:
Address:	Street	Apt.
	City	State Zip
Organization Name:		Telephone #:

Event Information

Date(s) of street closing:	Time(s) of closing:
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Specific Purpose: _____

 Accurately list the street / lane to be closed: _____
 between _____ and _____
 Alternate street which can be used while event is taking place: _____
 Have all residents and / or businesses on the requested street been notified? Yes No

Note: It is the responsibility of the applicant to ensure compliance with the provisions that are listed below, along with all City, state and federal laws.

- [a] The participants will abide by and obey all laws, rules and regulations.
- [b] The applicant must notify all residents and or businesses affected by this closure.
- [c] The applicant must hire Peace Officer(s) certified by the Georgia P.O.S.T. Council and who have jurisdiction in the City of Atlanta to control traffic and ensure that peace and order is preserved.
- [d] The applicant will assume any and all liabilities that may arise by such closures.
- [e] The applicant must provide an adequate supply of barricades, cones, and warning signs to indicate that such street or lane is temporarily closed.
- [f] Your application must be received by the Atlanta Police Department at least **ten days** prior to the date of the request closure.
- [g] Emergency vehicles must have access, without delay!

Applicant's Signature: _____ Date: _____

THIS SPACE IS FOR OFFICIAL USE

Can the alternate street handle the additional volume of traffic? Yes No

Zone(s) the closure takes place in: Z1 Z2 Z3 Z4 Z5 Z6

Application Number to be policed by: on duty off duty officers

Recommended Not Recommended

Reason: _____

Approved **Disapproved**

Reason: _____

SOS Commander Signature: _____ Date: _____

* Return completed form to: DNFoster@AtlantaGA.gov or VRButler@AtlantaGA.gov *

SECURITY PLAN

Today's Date _____

Zone:

Event Date: _____ Event Name: _____

Event Time: _____ Location: _____

Description of Event: _____

Full Street Closure Lane Closure Rolling Lane Closure Other

Security Plan Summary: (ATTACH Plan of Action or briefly describe security plan below. Plan to include, but not limited to traffic control, crowd control, internal security and venue safety. If you were planning on calling 911 in case of emergency, please write that in this section)

Number of POST-certified off-duty law enforcement personnel hired: _____

List agencies represented by Off-duty Officers: _____ (APD, Fulton County, etc)

List "Lead Officer's" name and contact number: _____

TRAFFIC: Fixed: _____ Mobile: _____
CROWD CONTROL Fixed: _____ Mobile: _____

Number of Barricades required: _____

The Applicant is responsible for providing barricades, cones, no parking, and warning/detour signs.

Are you hiring additional security from a private security company? : **Yes No**
***Note: this 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: _____

This above portion is to be completed by the Assembly Organizer or Coordinator only. City Ordinance prohibits Atlanta Police Officers from signing this form as Security Coordinators.

Name of Assembly Organizer responsible for managing security plan: _____

Telephone: _____ Email _____

Signature _____

****Please note that the COD Commander of the Atlanta Police Department must approve your plan prior to your permit being issued.**

To be completed by the Atlanta Police Department - Strategic Response Unit (SRU) only*

APPROVED

DISAPPROVED

**Commander, SOS
Atlanta Police Department/Date**

**Commander, SRU
Atlanta Police Department/Date**

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**CITY OF ATLANTA
ATLANTA POLICE DEPARTMENT
226 PEACHTREE STREET, SW
ATLANTA, GEORGIA 30303**

TEMPORARY STREET / LANE CLOSURE

PERMIT INVOICE

For City of Atlanta Only
7701-240201-3499002-32100000-600393-69999

FEE NON-REFUNDABLE

Due Upon Receipt
Amount: \$50.00
Prepared by: Contingency Operations Division

Contact Name: Company Name: Address:

Address of Temporary Street / Lane Closure:

Make all checks payable to City of Atlanta and return payment & invoice to: City of Atlanta Revenue Collection Administrator 55 Trinity Avenue, SW 1350 City Hall South Atlanta, Georgia 30303 (404)330-6270

Note: This Invoice must be attached to the permit for the permit to be valid
Make 3 copies of the invoice for the Revenue Collection Administrator at City Hall before paying the fee.