

STAFF IISF ONLY

City of Ball Ground <u>TEMP. USE/EVENT PERMIT Application</u>

215 Valley St, P. O. Box 285 – Ball Ground, Georgia 30107

Phone: 770-735-2123 Fax: 770-735-4575

Permit Number:	Status:
 Please ensure all spaces are filled 	d out accurately before signing and returning this form.
 All documents required as part of 	of the application package shall be submitted at the same
time as the application.	
 Non-conformance with the informance 	mation provided on an approved application and permi
may result in the revocation of th	ne permit.
OPERTY LOCATION	
Property Address(es):	
<u>Or</u> Tax Identification Number(s) (TIN	N):
NERAL INFORMATION	
Description of Temporary Use/Event	nt:
-	

<u>TIMING</u>
Use/Event Start Date: End Date:
Operation Days (circle each): M T W T F Sa Su <u>or</u> variable
Daily Hours of Operation:
QUESTIONAIRE
Will there be amplified sound/music? If so, please describe:
Method of waste disposal:
Will there be loud noise emitting devices in use, such as saws, generators and similar? If so, please describe:
Will there be lighting provided in addition to what exists at present? If so, please describe:
Will any streets require closure? If so, please describe:
Do you intend to sell/serve alcohol? If so, please describe:

SUPPORTING DOCUMENTS REQUIRED FOR SUBMISSION:

	Please include the following:		
	\square A complete permit application.		
	□ Driver's License		
□ Business License			
☐ Certificate of Liability Insurance			
☐ Payment of all fees			
\square A site plan including, but not limited to:			
	0	Property boundaries	
	0	Parking	
	0	Public areas	
	0	Employee only areas	
	0	Structures	
	0	Storage areas	
	0	Trash/debris locations	
	0	Customer loading areas, pick-up/drop-off areas	
	0	Restroom areas	
	0	Lighting	
	0	Loud noise emissions, including but not limited to generators, saws, etc.	
	0	Road closures	