ATLANTA POLICE DEPARTMENT Application for Temporary Street or Lane Closing

Name:	ity Street of Lane	Telephone #:
		-
Address: Street		Apt.
City	State	Zip
Organization Name:		Telephone #:
2		
Event Information Date(s) of street closing:	Time(s) of clo	sing.
Date(s) of sheet closing.	Time(s) of ere	osing.
Specific Purpose:		
Alternate street which can be used while aver		
Alternate street which can be used while even	III IS taking place:	
Have all residents and / or businesses on the	requested street been	notified? Yes 🗌 No 🗆
Note: It is the responsibility of the applicar	nt to ensure complian	ce with the provisions that
listed below, along with all City, stat		
[a] The participants will abide by and obe		
[b] The applicant must notify all residents[c] The applicant must hire Peace Officer(
who have jurisdiction in the City of At		
order is preserved. [d] The applicant will assume any and all 1	lighilities that may a	ise by such closures
[e] The applicant will assume any and an [e] The applicant must provide an adequat	•	•
to indicate that such street or lane is ter		
[f] Your application must be received by t prior to the date of the request closure.		epartment at least ten days
[g] Emergency vehicles must have access,		
Applicant's Signature:		Date:
THIS SPACE I	S FOR OFFICIAL U	SE
Can the alternate street handle the additional	volume of traffic?	Yes 🗌 No 🗌
Zone(s) the closure takes place in: $Z1\square$	Z2 Z3	Z4 Z5 Z6
Application Number to b	e policed by:	on duty 🔲 off duty offic
Recommended Reason:		
INCASUII.		
Approved	Disapproved	
Approved	Disapproved	

SECURITY PLAN

Today's Date			Zone:	
Event Date:	Event Name:		2010.	
Event Time:	Loc	ation:		
Description of Event:				
E Full Street Closu	ire 🗌 Lane Cle	osure	Rolling Lane Closure 🗌 Oth	ner
but not limited to traffic		al security and v	e security plan below. Plan to i enue safety. If you were plan	
	-			
- .			(APD, Fulton Count	• •
LIST LEAD ONICE S HAT				
TRAFFIC: CROWD CONTROL	Fixed: Fixed:	Mobile: Mobile:		
Number of Barricades re	equired:			
The Applicant is respo signs.	onsible for providing barric	ades, cones, no	o parking, and warning/detou	ur
Are you hiring additiona *Note: this is not a subs	I security from a private secu	rity company? : y law enforceme	Yes No nt personnel	
If yes, please list the Na	ame and Contact Number of	private security of	company:	
	be completed by the Assem Officers from signing this for		Coordinator only. City Ordina pordinators.	nce
Name of Assembly Org	anizer responsible for manag	ing security plar	וייייייייייייייייייייייייייייייייייייי	
Telephone:	Email			
Signature **Please note that the GC your permit being issued		Police Departme	nt must approve your plan prior	r to
To be completed by the Atlant	ta Police Department - GdYWJU Cd	Yf Uij cbg`GY Wij cb`f[CGLonly**	
	ROVED		SAPPROVED	
Commander, SOS Atlanta Police Department/Date				

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

TEMPORARY STREET / LANE CLOSURE

PERMIT INVOICE

FEE NON-REFUNDABLE

Due Upon Receipt

For City of Atlanta Only

7701-240201-3499002-32100000-600393-69999

Amount: \$50.00

Prepared by: 0 1

`o `o\o

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