

**ATLANTA POLICE DEPARTMENT**  
**Application for Temporary Street or Lane Closing**

Note: Effective June 23, 2009, Atlanta City Code of Ordinances [Chapter 142-85(a)] requires a \$50.00 application 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. A certified check or money order payable to the City of Atlanta must be submitted to the Special Operations Precinct, 180 Southside Industrial Parkway, SE, Atlanta, Georgia 30354 before such permit will be issued.

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

Comments: \_\_\_\_\_

SOS Commander's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form APD 654 8/1/08

# 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 Commander of Special Operations of the Atlanta Police Department must approve your plan prior to your permit being issued.**

**\*To be completed by the ATLANTA POLICE (SOS) DEPARTMENT ONLY\*\***

**APPROVED**

**DISAPPROVED**

\_\_\_\_\_  
Commander, Special Operations Section  
Atlanta Police Department/Date

\_\_\_\_\_  
Deputy Chief, Field Operations  
Atlanta Police Department/Date