FEES PAID	SPALDING

DATE

## SPALDING COUNTY PERMIT APPLICATION FOR AMPLIFICATION EVENT

NOTE: THIS APPLICATION MUST BE RETURNED TO THE BOARD OF COMMISSIONERS OFFICE AT LEAST 30 DAYS IN ADVANCE OF THE EVENT.

YOUR NAME:	SIGNAT	URE:	
NAME OF ORGANIZATION RESPONSIBLE FOR EVENT:			
PHONE NUMBER:			
	SIBLE ORGANIZATION:		
TYPE OF EVENT (DES	CRIBE):		
EVENT ADDRESS/LOC	CATION:		
DATE AND TIME OF E	VENT: (beginning hour and	l ending hour):	
PLEASE ATTACH TH	E FOLLOWING INFORM	IATION:	
<ul> <li>Map showing the businesses. (Tax I</li> </ul>	from owner of property when the location of the event a Map from Q Public is accepta to that all adjacent property	nd all surrounding hoable)	
<u>-</u>	er five hours, a \$25.00 fee of the second fee will be accessed.	will be accessed. For re	equests over
Development and the Sherift Development, and documen applications shall be place	he County Commissioners Office of the County Commissioners Office of the Sheriful on a County Commissioners of the Community Development.	e application is approved by f's Department, only appl	y Community icable permit
APPLICANT		DATE	
(YES) (NO) COMMUNI	TY DEVELOPMENT	DATE	
REMARKS:			