



Special Events
Permit Application

City of Senolia
P.O. Box 310
Senolia, GA 30276
770.599.3679

SUMMARY OF EVENT

EVENT TITLE Stalwart Productions, LLC.

DATES REQUESTED: start 09/22/2021 (cover Set date) 1PM- 4A) 09 /23 /2021 (1P – 4A)

Host Affiliation: Stalwart Productions, LLC. The Walking Dead
Name of Chief Officer of Org: _____
 Applicant/Contact: Sara Sheets 678-850-7079
 Address: 600 Chestlehurst Rd Senolia, GA 30276
 Phone: (1) 678-850-7079 (2) 678-723-0230
 Email: skaysheets@gmail.com

EVENT TYPE:

<input type="checkbox"/> Athletic/Tournament	<input type="checkbox"/> Exhibit/Special Attraction
<input type="checkbox"/> Festival/Wedding	<input type="checkbox"/> Parade/Procession/March
<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Farmer/Outdoor Market
<input type="checkbox"/> Run/Walk/Bike	<input type="checkbox"/> Fundraiser
x Other: <u>TV Show</u>	

ACTIVITY DESCRIPTION: We will be filming interior of 9Main 2A. We would like to close half of the NE Parking Lane on Main (b/w Travis St & Hollbergs) on 9/22 @ 5AM through 9/24 @ 6PM for prep/ strike. Filming date is Thursday, 9/23 We would also like to close one lane on Barnes St for loading and unloading Equipment and van pick ups.

Number of Participants and Spectators: _____ 150 _____

MARK ALL THAT APPLY:

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Signage/Banners	<input type="checkbox"/> Amplified Sound/Music
<input type="checkbox"/> Tents/Canopies	<input type="checkbox"/> Carnival Rides	<input type="checkbox"/> Fireworks/lasers
<input type="checkbox"/> Pond/Lake	<input type="checkbox"/> Portable Restrooms	x Generators/Electricity
<input type="checkbox"/> Trash/Recycling	x ITC Road/ Closing.	x Transportation Shuttle
x Police	<input type="checkbox"/> Cones/Barrels/Barricades	<input type="checkbox"/> Vendors/Concessions
Fire/Ems	<input type="checkbox"/> Inflatable Recreation	<input type="checkbox"/> Crowd Control

****All proposed road closings shall be approved by the Mayor and Council at least two months prior to the event. If approved, all affected addresses shall be notified at least 2 weeks prior to the event.****

LOCATION TYPE: <input type="checkbox"/> City Facility (select from right) X Residential x Commercial/Industrial	CITY FACILITY: <input type="checkbox"/> Marimac Lakes Park <input type="checkbox"/> Public Streets/Right of Way <input type="checkbox"/> City Hall/Parking Lot <input type="checkbox"/> Seavy Street Park <input type="checkbox"/> Multi-Use Trails <input type="checkbox"/> Barnes St. Parking
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ADMISSION: Public (no cost) Tickets/Entry Fees Registration (Pre and at event) X Private

SIGNAGE

Temporary signs are permitted for approved special events. Signs cannot be placed in the medians or right-of-ways within the City. A detailed sign plan, including the size and proposed locations of the signs should be provided as an attachment to the site plan.

It is not permitted to mark the roadway in any way or for any purpose.

ENTERTAINMENT AND RELATED ACTIVITIES

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Music | <input type="checkbox"/> Amplification |
| <input type="checkbox"/> Electricity (describe Amps below) | <input type="checkbox"/> Inflatable Recreation |
| <input type="checkbox"/> Live Animals | <input type="checkbox"/> Amusement Rides |
| <input type="checkbox"/> Tents/Canopies | <input checked="" type="checkbox"/> Other |

Provide a Complete Description: Filming for a TV Series.

TENTS AND CANOPIES

Setup: Date _____ Time: _____ Pickup: Date _____ Time _____

Tent Company: Name _____

Address _____

City _____

Phone Number _____

Tent/Canopies shall be shown on your proposed site plan

PORTABLE RESTROOMS

You are required to provide portable restroom facilities at your event unless you can substantiate the sufficient availability of facilities in the immediate area of the event that will accommodate the size of spectators and participants.

Number of regular portable toilets: _____ 1 _____ Number of ADA portable Toilets: _____

Sanitation Company: Name: Crew Thrones

Address: _____

City: _____

Phone: _____

Portable restrooms shall be shown on your proposed site plan.

SANITATION

- Yes No Will the organization provide trash cans?
 Yes No Will the organization empty all public trash cans at the end of the event?
 Yes No Will the organization provide a dumpster for the event?

Sanitation Company: Name: Junkit GA
Address: _____
City: _____
Phone Number: _____

Please describe your clean up and removal of waste, recycling and garbage during and after the event:

Sanitation plan shall be displayed on your site plan.

PARKING AND SHUTTLE PLAN

Number of parking spaces needed: _____
Amount of parking at the facility: _____
Parking needed outside facility: _____

Describe parking plan: Staging in Parking lane & Barnes St

Include parking plan in site plan.
Include other parking arrangements and agreements.

SITE PLAN CHECKLIST

A clear and clean copy of the site plan shall be submitted with the application. Applicant should consider:

- | | |
|---|---|
| <input type="checkbox"/> Name of event | <input type="checkbox"/> Sound equipment |
| <input type="checkbox"/> Adjacent Streets | <input type="checkbox"/> Communication facilities |
| <input type="checkbox"/> Assembly area | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Route to be traveled | <input type="checkbox"/> Generators/electric supply |
| <input type="checkbox"/> Detour plan | <input type="checkbox"/> signage |
| <input type="checkbox"/> Parking | <input type="checkbox"/> trash receptacles/dumpsters |
| <input type="checkbox"/> Restrooms/portable toilets | <input type="checkbox"/> Event vehicles (that remain through event) |
| <input type="checkbox"/> Tents/canopies | <input type="checkbox"/> Barricades/cones/crowd control barriers |
| <input type="checkbox"/> Medical treatment facility | <input type="checkbox"/> Inflatables |
| <input type="checkbox"/> Food Vendor/cooking area | <input type="checkbox"/> Stage/platform |
| <input type="checkbox"/> Water supply | <input type="checkbox"/> Other event components |

PUBLIC WORKS

Public works staff can be available for extra-duty assignments. Staffing and availability is at the discretion of the Public Works Director. Please contact the Senoia Public Works Director to make nature of the duty and make arrangements. Each public works staff is **\$25 per hour with a minimum of 4 hours. Additional charges may be required for equipment and vehicles.** Payment shall be made directly to the worker(s) assigned to the event. Event shall provide evidence of workers comp insurance.

LIFE SAFETY PLAN

Yes No Will the event employ a first aid provider?
 Yes No Will the event require assistance of Coweta County EMT/Fire Department?

Please describe your medical plan including communication plan and types of medical resources at your event.

Please contact Coweta County Fire Department for availability of EMT/Fire Department assistance.

INSURANCE REQUIREMENTS

Before the application can be accepted as complete, applicant/sponsor shall provide proof of commercial general liability insurance or event insurance that names, as also insured, **City of Senoia, P.O. Box 310, 80 Main Street, Senoia, GA 30276**, with a waiver of subrogation in regards to workers compensation. Insurance coverage must be maintained for the duration of the event including setup and cleanup dates.

CLASS III INSURANCE REQUIREMENT: \$1,000,000 MINIMUM

If alcohol is served, additional insurance may be necessary.

VOLUNTEERS

Yes No Does the event plan to use volunteers to work the event.
Describe service the volunteers will provide:

Each person must be clearly identified as a volunteer. No volunteer shall be assigned a duty that he/she is not able to perform. Volunteers at closed intersections shall wear bright neon vests or t-shirts. Such volunteers are only to give instructions to travellers on how to safely detour around the event.

CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YYYY)
9//10/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon/Albert G. Ruben Insurance Services, Inc. 15303 Ventura Blvd., Suite 1200 Sherman Oaks, CA 91403 + 1818.742.1400 License Number: 0806034	Contact Name: KELLIE LOWRY Phone: 818-742-0763 (A/C, No. Ext): Fax: 847-953-2436 (A/C, No): Email Address: KELLIE.LOWRY@AON.COM <hr/> <table style="width: 100%;"> <tr> <td style="text-align: center;">Insurers Affording Coverage</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: GREAT DIVIDE INSURANCE COMPANY</td> <td style="text-align: center;">25224</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	Insurers Affording Coverage	NAIC #	INSURER A: GREAT DIVIDE INSURANCE COMPANY	25224	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED TWD PRODUCTIONS XI, LLC STALWART PRODUCTIONS, LLC 600 CHESTLEHURST RD. SENOIA, GA 30276															

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> CLAIMS-MADE</td> <td style="border: none;"><input checked="" type="checkbox"/> OCCUR</td> </tr> </table> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X		CNA7512458-11	04/10/2021	04/10/2022	<table style="width: 100%; border: none;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea Occurrence)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS – COMP/OP AGG</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS – COMP/OP AGG	\$ 1,000,000		\$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED WITH RESPECT TO THE GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA LIABILITY POLICIES AND A LOSS PAYEE UNDER THE PRODUCTION PACKAGE POLICY BUT ONLY AS RESPECTS THEIR AGREEMENT WITH THE NAMED INSURED FOR THE PRODUCTION ENTITLED: **"THE WALKING DEAD" SEASON 11.**

CERTIFICATE HOLDER City of Senoia P.O. Box 310 Senoia, GA 30276	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Aon/Albert G. Ruben Insurance Services, Inc.
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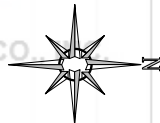
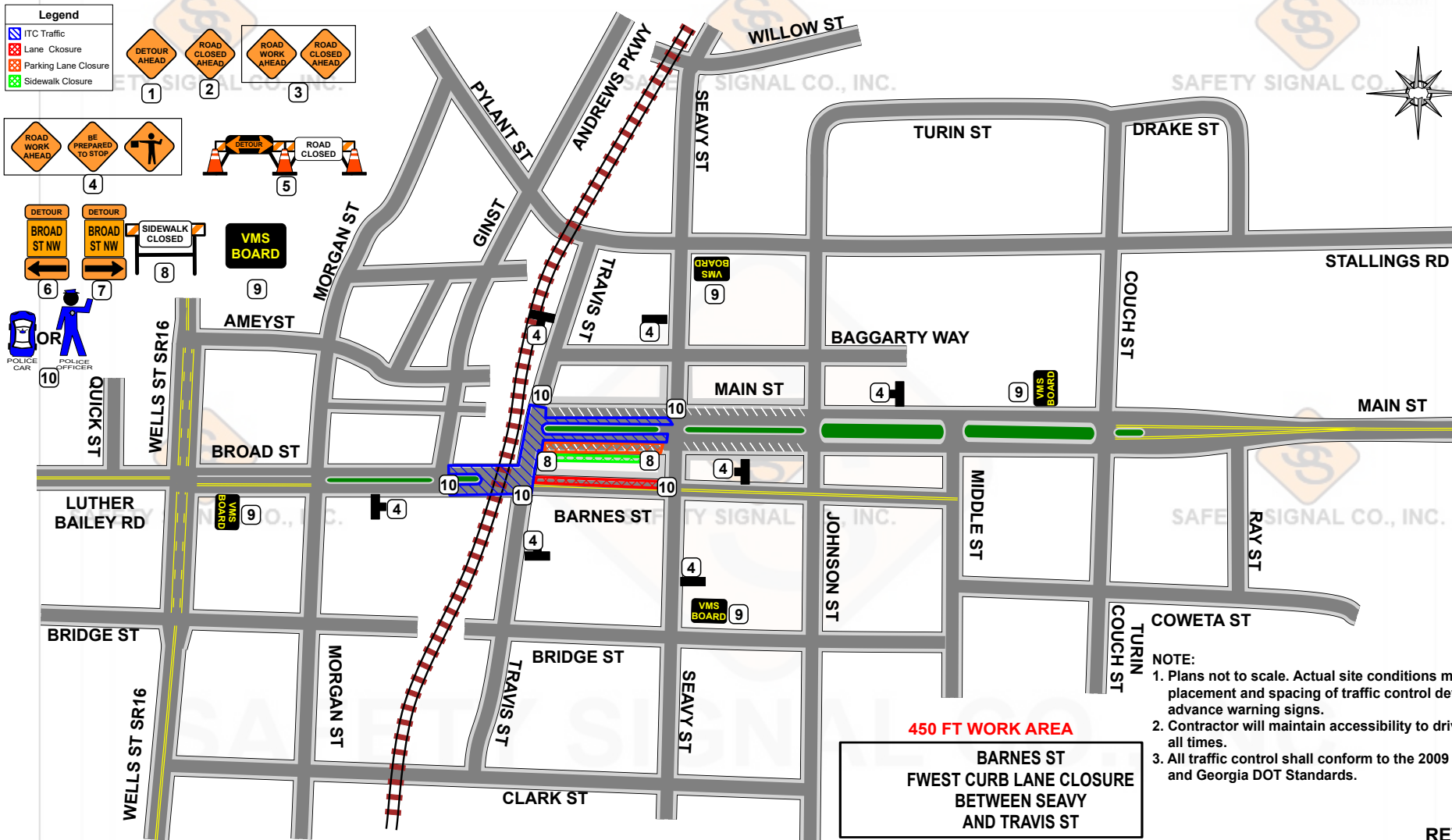
Legend

- ITC Traffic
- Lane Closure
- Parking Lane Closure
- Sidewalk Closure

- 1
- 2
- 3
- 4
- 5

- 6
- 7
- 8
- 9

- 10
- 10



- NOTE:**
1. Plans not to scale. Actual site conditions may affect placement and spacing of traffic control devices and advance warning signs.
 2. Contractor will maintain accessibility to driveway at all times.
 3. All traffic control shall conform to the 2009 MUTCD and Georgia DOT Standards.

630 FT WORK AREA

**MAIN ST
ITC TRAFFIC
BETWEEN GIN ST
AND SEAVY ST**


280 FT WORK AREA

**MAIN ST - EAST CURB
SIDEWALK AND PARKING LANE CLOSURE
BETWEEN TRAVIS ST
AND SEAVY ST**

450 FT WORK AREA

**BARNES ST
FWEST CURB LANE CLOSURE
BETWEEN SEAVY
AND TRAVIS ST**

STALWART FILMS, LLC
"THE WALKING DEAD" SEASON 11
 600 Chestlehurst Rd
 Senoia, Georgia 30276
 OFFICE: 678-723-0230 FAX: 678-723-1001

 **SAFETY SIGNAL CO., INC.**
 P.O. BOX 488
 UNION CITY, GEORGIA 30291
 OFFICE: 770-964-3181
 Drawn by: CT White Date: 07-15-21

REV 1
09-09-21