



# TACTICAL URBANISM INSTALLATION PERMIT APPLICATION

CITY OF SNELLVILLE | Department of Planning & Development  
2342 Oak Road, 2<sup>nd</sup> Floor | Snellville, GA 30078  
770-985-3514 | [snellville.org/planning-development](http://snellville.org/planning-development)

## INSTRUCTIONS FOR APPLYING

### PROJECT & MATERIAL GUIDES

Before filling out this application, please make sure you have read the **Tactical Urbanism Project Guide** provided by the City, as well as the **Tactical Urbanist's Guide to Materials & Design**, both of which can be found and downloaded from the City of Snellville website.

The **Project Guide** will outline what you can and cannot do for your project, and the **Materials Guide** will help you select the right tools for your project. It will also help you create a more accurate budget for your proposal.

### APPLICATION PHASES

There are **two possible phases** to the application:

#### 1. Phase I

- a. The application to the City of Snellville Department of Planning & Development. Your project proposal will be reviewed by City staff, and either approved or returned with comments. The review process can take anywhere from 7-20 days, depending on the size and complexity of the project. **Making sure your application is complete will speed up the process.**
- b. If you do not wish to apply for a grant and will instead absorb the cost of materials and maintenance for your installation, that is perfectly acceptable and you are free to proceed **upon approval from the City.**

#### 2. Phase II

- a. Once your project has been approved by City staff, you can apply to the **Tactical Urbanism Board** for a grant to fund your project.
- b. **Again, this phase is NOT REQUIRED** if you do not wish to apply for a grant after approval.



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## APPLICANT INFORMATION

NAME _____
ADDRESS _____ CITY _____ ZIP _____
PHONE _____ EMAIL _____
ORGANIZATION (OPTIONAL) _____ TITLE (OPTIONAL) _____

## APPLICANT TYPE (CHOOSE ALL THAT APPLY)

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="checkbox"/> RESIDENT       | <input type="checkbox"/> BUSINESS  | <input type="checkbox"/> HOA                  |
| <input type="checkbox"/> MERCHANT GROUP | <input type="checkbox"/> NONPROFIT | <input type="checkbox"/> SCHOOL OR UNIVERSITY |
| <input type="checkbox"/> CIVIC GROUP    | <input type="checkbox"/> OTHER     |   |

Do you live within the city limits of Snellville, or are you a business owner within the city? You can check your status using your home or business address at [snellville.org/city-limits](http://snellville.org/city-limits).

- YES       NO

If not, who is your partner within the city?

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="checkbox"/> RESIDENT       | <input type="checkbox"/> BUSINESS  | <input type="checkbox"/> HOA                  |
| <input type="checkbox"/> MERCHANT GROUP | <input type="checkbox"/> NONPROFIT | <input type="checkbox"/> SCHOOL OR UNIVERSITY |
| <input type="checkbox"/> CIVIC GROUP    | <input type="checkbox"/> OTHER     |   |

## PARTNER CONTACT INFORMATION

NAME _____
ADDRESS _____ CITY _____ ZIP _____
PHONE _____ EMAIL _____
ORGANIZATION (OPTIONAL) _____ TITLE (OPTIONAL) _____



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## EMERGENCY CONTACT

NAME	_____
ADDRESS	_____ CITY _____ ZIP _____
PHONE	_____ EMAIL _____
ORGANIZATION (OPTIONAL)	_____ TITLE (OPTIONAL) _____

## PROPOSED PROJECT LOCATION

ADDRESS	_____ CITY _____ ZIP _____
AND/OR	
INTERSECTION OF	_____ AND _____
NEARBY BUSINESSES OR LANDMARKS (IF APPLICABLE)	_____

## PROJECT TIMELINE

INSTALLATION DATE	__ / __ / ____
TIME OF INSTALLATION	_____
REMOVAL DATE	__ / __ / ____
TIME OF REMOVAL	_____
DURATION OF PROJECT	_____



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## TYPE OF PROJECT

Please check the box (or boxes) that most closely match the type of installation you are proposing.

- Traffic calming    Pop-up retail    Intersection improvements    Crosswalks    Signage  
 Bike lanes    Streetscaping    Public event space    Public art or murals    Street furniture  
 Other (please describe)

Please give a brief description (<500 words) of the kind of project or installation you had in mind. Please describe the reasoning behind the installation and what problem(s) you are trying to solve. Also address how you plan to measure the impact or effectiveness of your project, if applicable.

Please list or give a brief description (<200 words) of the budget for the project and the materials you expect to use for this project. Be as specific as possible regarding quantities, colors and brands.

Are you also applying for a grant (Phase II) for your project?

- YES    NO

If yes, please list the amount you are applying for.



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## PROJECT CRITERIA

Please check a box for each item on this list. These are things that will help us (and you) flesh out the impact of your Tactical Urbanism installation. Marking “no” to any of these may increase the review time for City staff, require you to obtain additional approvals, or disqualify the project altogether.

	YES	NO	NA
Does your site avoid federal and state highways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your site avoid streets classified as “arterials” by the City of Snellville?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your site in a ROW with speeds of 25mph or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will your project allow normal operations for delivery trucks, trash and recycling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will your project preserve vehicle access within 25 ft of a fire hydrant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your project provide normal access to utilities, including manholes and powerlines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your project preserve access to driveways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will your project preserve access for emergency vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As far as you are aware, is your project ADA compliant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any street closures for your installation expected to last less than 12 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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### ADDITIONAL INFORMATION

Please review the checklist below and attach to your application as many of the following documents as possible. Doing so will increase the likelihood of approval and speed up the review process.

#### REQUIRED

- A completed permit application.
- A site plan of the proposed project or installation.
- Proof of ownership of installation property (not required in City ROW); OR,
- Consent of the property owner, if applicant is not the owner.
- Consent and approval letters from any affected public agencies, as required by the Planning Department.

#### OPTIONAL, BUT ENCOURAGED (AND HELPFUL)

- Photographs of the site as it currently sits. If possible, these can also display the problem(s) you are trying to solve.
- Sketches or drawings of the final product.
- A discussion on how you plan to measure or quantify the performance of the installation.
- Details of the kinds of materials to be used. Naming specific brands and materials is most helpful.



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## CERTIFICATION

I certify that the information contained in or submitted with this application is true and accurate.

I certify that I have the consent of any and all affected property owners for this installation, if I am not the property owner myself or if it is in a City right-of-way.

I agree that my installation will not exceed the parameters outlined in this application and any attached documents.

I understand that if my project is approved by City staff, I am responsible for overseeing the installation and removal of said project on the approved dates.

I also agree to maintain the installation in such a way that it does not interfere with traffic, City or county utilities, emergency vehicle access or ADA compliance.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

## PROJECT APPROVAL

APPROVED?  YES  RETURNED WITH COMMENTS

APPROVED BY \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## GRANT APPROVAL (IF APPLICABLE)

AMOUNT APPLIED FOR

APPROVED?  YES  NO

AMOUNT APPROVED  DATE \_\_\_\_\_