

Title of Production: _____

Camden Country Film Permit (Note: One Permit per Location)

Once approved, your permit/s will be valid for 5 days from the agreed start /end dates should you have to extend your shoot dates due to unforeseen circumstances. However, if you extend a permit, you will be required to adhere to all the requirements set fourth by the city / county you are shooting in during this grace period.

1. Contact information for person in charge on set: Producer, UPM (Unit Production Manager) or Location Manager

Name: _____ Phone: _____ email: _____

1. "Summary of scene/s being filmed". _____

2. Description of equipment/ props being used?

3. Road closure request: What public roads will be affected?

a. _____ b. _____ c. _____

Please highlight the blocks affected on city maps (Google Earth) and attach.

Type of request: Partial / one lane closure _____ Full Road Closure _____

Please attach another page with maps if more roads will be affected.

4. Each day: Start time _____ Wrap time: _____ Example: (7:00am – 9pm)

5. Total number of persons at this location: _____

Additional:

- a. Do you have any specific Police Requests? Yes _____ No _____
- b. Do you have a stunt coordinator? Yes _____ No _____
- c. Do you have an SFX coordinator? Yes _____ No _____
- d. Will you be using animals? Yes _____ No _____
- e. Will you need pedestrian control? Yes _____ No _____
- f. Will there be stunts? Yes _____ No _____
- g. Will there be special effects or Pyrotechnics? Yes _____ No _____
- h. Will there be simulated violence and / or weapons? Yes _____ No _____

i. Will you have any minors working on set? Yes _____ No _____

If you marked "Yes" to any of the above, please answer the following question and if necessary, attach required paperwork to this form.

Please describe the scene(s) being filmed and the specific requests needed from the Cities/ County:

By my signature below, I acknowledge that in the event stunts, pyrotechnics, special effects, weapons, animals or minors are involved in the production, that all applicable safety rules and government regulations will be followed, that appropriate and experienced personnel have been hired and will be on site to supervise and that adequate insurance coverage has been obtained, including any additional coverage that might be requested by the insurer or cities involved.

Signed on behalf of Producer/s.

Name: _____ Date: _____

Title: _____

OFFICE USE ONLY

(Note: This is just a sample of what departments might need to sign off. If more need to be added and / or deleted that will be up to the cities / county.

Building Safety _____ Approved _____ Date _____

Fire Marshall _____ Approved _____ Date _____

Parks & Recreation _____ Approved _____ Date _____

Police Department _____ Approved _____ Date _____

PAYMENT: [] Cash [] Credit Card [] Check No. _____ Receipt No. _____