



TEMPORARY SITE DEVELOPMENT PERMIT APPLICATION

FILM, VIDEO, AND STILL PHOTOGRAPHY

Project Applicant:

Name: _____ Title: _____
 Address: _____ Phone: _____
 Email: _____

Project Name: _____

Please Circle the Type of Filming or Photography that Will Take Place:

Feature Film Television Show Commercial Music Video
 Student Film Still Photography Other: _____

Date(s): _____ **Time(s):** _____

Location(s): _____

Property Owner:

Name: _____ Email: _____
 Address: _____ Phone: _____

Production/Site Contact:

Name: _____ Email: _____
 Address: _____ Phone: _____

Description of Project: _____

Number of Personnel: _____ **Number of Vehicles:** _____

Type of Vehicles or Other Special Equipment: _____

Any: Pyrotechnics? ____ **Stunts/Effects?** ____ **Animals?** ____ **Traffic Control?** ____

Applicant Signature

Date

FOR CITY USE ONLY: Permit No. _____ Application Date _____ Issuance Date _____