



## Application for a Photo/Film/Video Shoot in the City of Smyrna

Permit requirements will be determined upon receiving application

This application must be submitted at least 5 days prior to shoot

### Production Company Information:

Production Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone : \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Project Information:

Title of Project: \_\_\_\_\_  
Type of Project:  Film  TV  Commercial  Student  Other: \_\_\_\_\_

### On-Site Contact Information:

Contact Type:  Location Manager/Scout  Production Manager  Other: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mobile/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Shoot Information

Address of Location: \_\_\_\_\_

	Start Date	End Date	Begin Time (am/pm)	End Time (am/pm)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

### Amplified Sound at this Location:

Do you plan to have amplified sound at this location?  Yes  No  
Start time of amplified sound: \_\_\_\_\_ End time of amplified sound: \_\_\_\_\_

### Personnel at this Location:

Number of Cast/Crew: \_\_\_\_\_  
Number of Extras: \_\_\_\_\_  
Is there a possibility for crowds or spectators to gather at this location:  Yes  No

**Vehicles and Parking at this Location:**

Number Vehicles: _____	
Cast/Crew Cars and Vans: _____	Trucks/Trailers/Motor Homes: _____
Cranes/Condors: _____	Generators: _____
Picture Cars: _____	Other: _____
Off-Street Parking Provided: _____	
On-Street Parking Provided: _____	

**Construction Activities at this Location:** *(City permits and inspections may be required based on the work being completed. Should building permits be required, contractor information will be collected at the issuance of the building permit.)*

Will there be any temporary structures, stages, tents to be erected on site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be any interior or exterior modification of existing structures? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional Effects at this Location:** *(Specifications for all special effects will be required for review by the City's Fire Department)*

Contact: _____	Phone: _____
Type of Effects: <input type="checkbox"/> Pyrotechnics <input type="checkbox"/> Animals <input type="checkbox"/> Sirens/Noises <input type="checkbox"/> Explosions <input type="checkbox"/> Open Flames	
<input type="checkbox"/> Use of Firearms <input type="checkbox"/> Aircraft <input type="checkbox"/> Simulated Crime <input type="checkbox"/> Car Chase <input type="checkbox"/> Stunt	
<input type="checkbox"/> Smoke <input type="checkbox"/> Aerial <input type="checkbox"/> Sparks <input type="checkbox"/> Other (Please specify):	
_____	
_____	

**Special Assistance Requested at this Location:**

Type of Assistance: <input type="checkbox"/> Street Closure <input type="checkbox"/> Traffic Control <input type="checkbox"/> Emergency Services <input type="checkbox"/> Security
<input type="checkbox"/> Other (Please specify): _____
_____
_____
_____

**The undersigned states that the above information is true and correct, and understands that it is the responsibility of the applicant to ensure all filming activity is conducted in accordance with the approved permit.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only			
Application #: _____	Date Received: _____	Total Fees Collected: _____	
Date of Approval: _____	Date of Denial: _____	Reviewed By: _____	
Additional Stipulations of Approval:			
City Administrator: _____ Date: _____			

**Required Information at Application Submittal:**

- Authorization from Property Owner(s)
- Insurance Liability Certificates (General Liability - \$1,000,000.00, Worker's Compensation Coverage, Special Effects Liability - \$5,000,000.00)
- Letter of Indemnification
- Site Plan
- Notification Letters, Surveys and Mail Receipts