

**CITY OF HELEN
FILM PERMIT APPLICATION**

Organization Name: _____

Street Address: _____

City: _____ State: _____ ZIP _____

Phone Number: _____ Email: _____

Production Contact (on-site): _____ Mobile number: _____

PROJECT TITLE: _____

LOCATION: _____

Type of Filming:

Feature _____ Commercial _____ Reality TV _____ Scripted TV _____ Documentary _____

Corporate Video _____ Music Video _____ PSA _____ Independent _____

Other (specify) _____

Type of Property:

Public property: park _____ sidewalk _____ streets _____ schools _____

Private property: residential _____ commercial _____ industrial _____ Other _____

Interior use _____ Exterior use _____

Elements:

Generators _____ Special Lighting _____ Special Effects (smoke, fire, pyro, simulated weapons) _____

Lighting _____ Posting _____ Heavy Haul _____ Celebrities _____ Animals _____

Stunts _____ (specify) (falling height, vehicular, etc) _____

Music Playback and Noise amplification (specify) _____

Intermittent Traffic Control _____ Street closure _____ (include traffic plan with application)

Generators _____ Electrical line extensions _____ Scaffolding _____ Water/utilities _____

Sanitation _____ (include bathroom facilities and plan addressing the disposal of waste – to include camper/RV waste)

Temporary buildings or structures _____ (specify) _____

Tents (specify number, square footage and locations) _____

Enclosed tents requires fire inspector approval

Cast and Crew (total on site) _____

Vehicles: (Total) _____

Production cars _____ Crew cars _____ Campers _____ Buses _____ Shuttle Vans _____

Trucks _____ (specify size) _____ Trailers _____ (specify size) _____

Tow Vehicles _____ Other (specify) _____

Parking Locations: _____

Film Preparation:

Dates: _____ to _____ Hours: _____ am/pm _____ am/pm
(from) (to) (from) (to)

Describe preparation activity: _____

Filming:

Dates: _____ to _____ Hours: _____ am/pm _____ am/pm
(from) (to) (from) (to)

Describe filming activity: _____

Film Strike:

Dates: _____ to _____ Hours: _____ am/pm _____ am/pm
(from) (to) (from) (to)

Describe strike activity: _____

Catering Services: _____ (specify location) _____

List of Food Vendors _____

Health Department Approval _____

For City of Helen Use Only

Comments: _____

Review/Comments

_____	_____
_____	_____
_____	_____
City Administrator	Date
_____	_____
_____	_____
_____	_____
Police Chief	Date
_____	_____
_____	_____
_____	_____
Fire Chief	Date
_____	_____
_____	_____
_____	_____
Building Inspector	Date
_____	_____
_____	_____
_____	_____
Health Department	Date

Approved Date: _____

Denied Date: _____

Reason for denial: _____

Fees: \$ _____

Paid date: _____