Morgan County
Film, Television, Music and Video Production Permit Application

Project Title: __________________________________________________________

Production Company: ____________________________________________________

Company Address: ______________________________________________________

Phone: _____________________________ Fax: ______________________________

Location Manager: ______________________________________________________

Cell: _______________________________ Email: _____________________________

Type of Project:
_____ Student Project**
_____ Commercial
_____ Corporate Video
_____ Documentary
_____ Feature Film
_____ Music Video
_____ PSA
_____ TV Series/TV Pilot
_____ TV Program
_____ TV Movie
_____ Other: ____________

** Student projects must have an email from the supervising professor to verify current enrollment status before a permit is issued. Applications will not be processed until this correspondence is received. While there is not a permit fee for student projects, there will be fees associated with any City or County services required.

Description of Project: __________________________________________________

______________________________________________________________________

______________________________________________________________________
Locations of Sites/Properties: (attach diagram or map) ___ Commercial ___ Residential

List any Property Modifications Needed:

Number of Tents: _______ Square Footage of Each Tent: __________________________

List Tent Locations: __________________________________________________________
(attach diagram or map)

Film Dates/Times: _______________________ Set-Up Begins at:____________________

Film Dates/Times: _______________________ Teardown Completed at: _____________

Business Notifications Sent: ___Yes ___No ___N/A

Resident Notifications Sent: ___Yes ___No ___N/A

Must provided a copy of notices sent to businesses and/or residents.

Number of Vehicles:

_____ Production Cars
_____ Trucks
_____ Generators
_____ Buses
_____ Crew Cars
_____ Trailers
_____ Tow Cars
_____ Vans
_____ Campers
_____ Shuttle Vans
_____ Extras' Cars

Other: ______________________________________________________________________
Total # of Vehicles: ______

List Parking Locations:

____________________________________________________________________________
____________________________________________________________________________

(PLEASE ATTACH DIAGRAMS AND/OR MAPS)
Estimated Number of Personnel:

__________ Crew _______ Cast _________ Extras

Other: __________________________________________ Total: ________________

Special Request: (attach detailed request)

_____ Street Closure  
_____ Lane Closure  
_____ Camera on Street  
_____ Camera on Curb  
_____ Camera on Sidewalk  
_____ Drive Shots of Car  
_____ Drive with Flow of Traffic  
_____ Tow Shots  
_____ Smoke/Fire/Other Pyro

Services Required: (attach detailed request)

_____ Police  
_____ Parks  
_____ Fire Department  
_____ Sanitation  
_____ Transportation  
_____ Other: _____________________

Special Effects or Stunts: (attach detailed request)

_____ Smoke/Fire/Pyro  
_____ Vehicles  
_____ Simulated Weapons Used  
_____ Falling/Jumping from Height  
_____ Animals  
_____ Other: _____________________

Any other requests:________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
I have read and agree to Morgan County’s Film, Television, Music & Video Permit Guidelines.

**Hold Harmless Agreement:**
The applicant agrees to indemnify Morgan County and to be solely and absolutely liable upon any and all claims, suits and judgments against the County for personal injuries and property damages arising out of or occurring during the activities of the applicant, his (its) employees or otherwise. The applicant further agrees to comply with all pertinent provisions of Georgia laws, rules and regulations. This permit may be revoked at any time.

Print Authorized Applicant Name ____________________________

Authorized Representative Signature _________________________

___________________ ________

Cell Phone

Date

This Application has been reviewed and approved by the County Manager/designee.

Special conditions:__________________________________________

_________________________________________________________

Print Approval Name ____________________________

Approval Signature ____________________________

Date