Film, Television, Music and Video Production Permit Application

Project Title:	
Production Company:	
Company Address:	
Phone:	Fax:
Location Manager:	
Cell:	Email:
Film Dates/Times:	Set-Up Begins:
Film Dates/Times:	Teardown Completed:
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 sur issued. Applications will not be processed until this projects, there will be fees associated with any City Description of	pervising professor to verify current enrollment status before a permit is correspondence is received. While there is not a permit fee for student or County services required.
Project:	
Locations of Sites/Properties: (attach	n diagram or map) Commercial Residentia

List any Property Modification	s Needed:
Number of Tents:S	Square Footage of Each Tent:
List Tent Locations:(attach diagram or map)	
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 DIAGRAM Estimated Number of Personnel	,
Crew Cas	it Extras
Other:	Total:
Special Request: (attach detailed Street Closure Lane Closure Camera on Street Camera on Curb Camera on Sidewalk Drive Shots of Car	d request)

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:
I have read and agree to the City of Madison's Film, Television, Music & Video Permit Guidelines.
Hold Harmless Agreement: The applicant agrees to indemnify the City of Madison and to be solely and absolutely liable upon any and all claims, suits and judgments against the City 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
Time Authorized Applicant Name
Authorized Representative Signature
Date/ Cell Phone # This Application has been reviewed and approved by the County Manager:
County Manager - Signature of Approval
Date//
This Application has been reviewed and approved by the Camera Ready Liaison:

Signature of Approval	
Date//	
This Application has been reviewed and approved by the City Official (if applicable):	
Signature of Approval	
Date//	