



LOCATION FILM PERMIT APPLICATION

FOR VIDEO, FILM or STILL PHOTOGRAPHY

City of Norwalk, Connecticut
Municipality

PERMITTEE INFORMATION

Name and Title of Person applying for Permit: _____

Entity on whose behalf Permit is needed: _____

Date of application: _____

The information you provide below will help this municipality determine the size and scope of your project.

PRODUCER / PRODUCTION COMPANY

Company Name: _____

Applicant: _____ Title: _____

Signature: _____

Location Contact: _____

Phone / Pager: _____

Fax: _____

Address: _____

Other Contact Information: _____

Phone / Pager: _____

Project Title: _____

Type of Production: _____

Feature TV Other
 Commercial Non-Broadcast _____

LOCATION INFORMATION

Address of Filming Location: _____

Start Date at this Location: _____

Completion Date at this Location: _____

Hours of Operation: _____ AM / _____ PM to _____ AM / _____ PM (Times on Site)

Exterior night lighting: Yes No

If yes, describe number of lights and watts used: _____

Use of Pyrotechnics and/or other special effects: Yes No

If yes, describe: _____

Will food be prepared on Property: Yes No

If yes, describe activities and number of people involved: _____

Restroom facilities needed on site: Yes No

If yes, describe number and type: _____

Trash removal services needed: Yes No

If yes, describe: _____

Vehicles or special equipment to be brought on to Property: _____

Types of animals to be on Location: _____

Maximum number of animals each day: _____

Crew cars for EACH day of production: _____

Number of equipment vehicles: _____

Generator: _____ Grip Truck: _____

Large Trucks: _____ Cube Trucks: _____

15 Pass. Vans: _____ Motor Homes: _____

Cars: _____

Other vehicles or equipment (describe): _____

INSURANCE INFORMATION

Insurance Company: _____

Policy #: _____ Expiration Date: _____

General Liability

Insurance Company: _____

Policy #: _____ Expiration Date: _____

Automobile

Insurance Company: _____

Policy #: _____ Expiration Date: _____

Workers' Compensation

Insurance Company: _____

Policy #: _____ Expiration Date: _____

PROVIDE PROOF OF INSURANCE FOR ALL POLICIES MAINTAINED.

YOU MUST NAME THE MUNICIPALITY AS ADDITIONAL INSURED ON ALL GENERAL LIABILITY INSURANCE COVERAGE.

Certificate received and attached: Yes No

Producer certifies that the above information is complete and accurate. The undersigned has read and understands the Terms and Conditions on this and the next page; agrees to comply with all provisions of this permit; and further represents that he/she has the authority to sign this permit; to make the representations set forth herein; and to bind the applicant to its terms and conditions.

Signature of Representative of Applicant Title Date

Print Name and Title of Person signing above

WITNESSES

Print Name Signature

Print Name Signature

PERMIT IS NOT VALID UNTIL SIGNED AND FILED WITH THE ISSUING MUNICIPALITY. PERMITTEE MUST OBTAIN THE SIGNATURES OF ALL OFFICIALS CHECKED OFF BELOW:

SIGNATURE REQUIRED

<input type="checkbox"/> No	_____ City Clerk	_____	Date
Yes			
<input type="checkbox"/> No	_____ Police Department	_____	Title
Yes		_____	Date
<input type="checkbox"/> No	_____ Fire Department	_____	Title
Yes		_____	Date
<input type="checkbox"/> No	_____ Health Department	_____	Title
Yes		_____	Date
<input type="checkbox"/> No	_____ Building Department	_____	Title
Yes		_____	Date
<input type="checkbox"/> No	_____ Risk / Insurance Manager	_____	Title
Yes		_____	Date
<input type="checkbox"/> No	_____ Mayor	_____	Title
Yes		_____	Date
<input type="checkbox"/> No	_____ Neighborhood and/or business notification required	_____	Describe Type of Notification

Note: This municipality may or may not require that you notify the neighborhood and/or businesses near the location if the box above is checked yes; please describe notification method.

SIGNATURES REQUIRED IF USING:

USE OF PARKS:

Yes No _____ Title _____ Date _____
Director of Recreation and Parks

USE OF PUBLIC SCHOOL OR SCHOOL GROUNDS

Yes No _____ Title _____ Date _____
Signature of Board of Education Rep

USE OF MUNICIPAL PROPERTY AND GROUNDS OTHER THAN PARKS OR SCHOOLS

Yes No _____ Title _____ Date _____
Signature of Facilities Manager

USE OF PUBLIC ACCESS WAYS (SIDEWALKS, ROADS)

Yes No _____ Title _____ Date _____
Signature of Traffic Engineer or
Director of Public Works

Note: The use of State roads and highways requires a permit from the Connecticut Department of Transportation. This Permit does not cover the use of State Property.

For more information:

Sabrina Church
Director of Business Development & Tourism
203-939-2202
schurch@norwalkct.org

Mail completed form to:

Donna King, City Clerk
Norwalk City Hall
Room 236
125 East Avenue
Norwalk, CT 06856

Or email to: dking@norwalkct.org