



LOCATION 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"/> Yes	<input type="checkbox"/> No	_____ City Clerk	_____ Date
<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Police Department	_____ Title _____ Date
<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Fire Department	_____ Title _____ Date
<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Health Department	_____ Title _____ Date
<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Building Department	_____ Title _____ Date
<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Risk / Insurance Manager	_____ Title _____ Date
<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Mayor	_____ Title _____ Date
<input type="checkbox"/> Yes	<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:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Director of Recreation and Parks	_____ Title	_____ Date
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USE OF PUBLIC SCHOOL OR SCHOOL GROUNDS

<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Signature of Board of Education Representative	_____ Title	_____ Date
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USE OF MUNICIPAL PROPERTY AND GROUNDS OTHER THAN PARKS OR SCHOOLS

<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Signature of Facilities Manager	_____ Title	_____ Date
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USE OF PUBLIC ACCESS WAYS (SIDEWALKS, ROADS)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Signature of Traffic Engineer/Director of Public Works	_____ Title	_____ Date
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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.

If you have any problems with the emailing of this form from this page, you can:

Print out form and mail form to:

Norwalk City Hall
 Attn: Irene Dixon, Room 236
 125 East Avenue
 Norwalk, CT 06856

or:

Print form, scan form, open new email, attach file you scanned,
 send email to: idxon@NorwalkCT.org

or contact Elizabeth Stocker,
 Director Economic Development
 203-854-7948
estocker@NorwalkCT.org