FILM PRODUCTION SPECIAL EVENT PERMIT APPLICATION
CITY OF SANDY SPRINGS

Project/Production Title: ___________________________________________________________

Production Company: _______________________________________________________________________

Company Address: _______________________________________________________________________

Phone: _____________________________ Fax: ____________________________________

Location/Site Manager: _______________________________________________________________

Cell: _______________________________ Email: ___________________________________

Location/Site Assistant Manager: _______________________________________________________

Cell: _______________________________ Email: ___________________________________

Type of Project:

_____ Commercial Motion Picture
_____ Corporate Video
_____ Documentary
_____ Feature Film
_____ Music Video
_____ Photography
_____ TV Commercial
_____ TV Series
_____ TV Program
_____ TV Movie
_____ Student Project
_____ Other: __________

Description of Project: ________________________________________________________________

_____________________________________________________________________________________

Location(s) of Project: _________________________________________________________________

_____________________________________________________________________________________

_____ Commercial Location _____ Residential Location _____ City Park _____ Other
Please note: If your Film Project occurs at a residential location and contains any of the 4 listed items below, a meeting with the City of Sandy Springs Special Event Committee is required a minimum of one week in advance before your application can be accepted and processed.

1) Film Prep, Filming, and Clean up in total that last 3 or more days
2) Outdoor Filming
3) Full and/or Partial Lane and Street Closures
4) Requested Variances to any City of Sandy Springs Ordinance

Contact Name to schedule the meeting: ________________________________________

Phone Number _______________________________________________________________

Email: ________________________________________________________________

Names of Attendees to attend the meeting ______________________________________

List any Removal of Vegetation or Building Modifications that could remain permanent after completion of the project: ______________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Number of Tents: ________ Square Footage of Each Tent: ______________

List Tent Locations: _____________________________________________

Will Portable Restrooms (Porta Potties) be utilized? _____Yes _____No

If yes, please list placement and locations: ______________________________________

____________________________________________________________________
FILM PREP:

Dates: From: ________________    To: ________________

Hours: From: __________ am/pm To: __________ am/pm

Dates: From: ________________    To: ________________

Hours: From: __________ am/pm To: __________ am/pm

Dates: From: ________________    To: ________________

Hours: From: __________ am/pm To: __________ am/pm

Describe preparation activity: __________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

FILMING:

Dates: From: ________________    To: ________________

Hours: From: __________ am/pm To: __________ am/pm

Dates: From: ________________    To: ________________

Hours: From: __________ am/pm To: __________ am/pm

Dates: From: ________________    To: ________________

Hours: From: __________ am/pm To: __________ am/pm

Describe filming activity: _____________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
**CLEAN-UP/CLOSE OUT:**

Dates: From: ________________    To: ________________

Hours: From: ___________ am/pm  To: ___________ am/pm

Dates: From: ________________    To: ________________

Hours: From: ___________ am/pm  To: ___________ am/pm

Describe clean-up/close out activity: ______________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

<table>
<thead>
<tr>
<th>Number of Vehicles:</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Production Cars</td>
<td>From: __</td>
</tr>
<tr>
<td>☐ Trucks</td>
<td>From: __</td>
</tr>
<tr>
<td>☐ Generators</td>
<td>From: __</td>
</tr>
<tr>
<td>☐ Buses</td>
<td>From: __</td>
</tr>
<tr>
<td>☐ Catering Vehicles</td>
<td>From: __</td>
</tr>
<tr>
<td>☐ Crew Cars</td>
<td>From: __</td>
</tr>
<tr>
<td>☐ Trailers</td>
<td>From: __</td>
</tr>
<tr>
<td>☐ Tow Cars</td>
<td>From: __</td>
</tr>
<tr>
<td>☐ Vans</td>
<td>From: __</td>
</tr>
<tr>
<td>☐ Campers</td>
<td>From: __</td>
</tr>
<tr>
<td>☐ Shuttle Vans</td>
<td>From: __</td>
</tr>
<tr>
<td>☐ Extras’ Cars</td>
<td>From: __</td>
</tr>
</tbody>
</table>

Total: ______

List Parking Location(s) or Base Camp: ______________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

7840 Roswell Road, Building 500  • Sandy Springs, Georgia 30350  • 770.730.5600 • 770.206.1420 fax • SandySpringsGA.gov
**Please Note:** The following three items must be provided when applicable:

1) Site Plan – Showing Production Location and Base Camp
2) Proof of Permission from Property Owner for use of the Production Location and Base Camp
3) Notification of Neighbors and Businesses affected by Production Location

Number of Personnel:

_____ Crew _____ Cast _____ Models _____ Extras

Total: _______

Uses: (Please check applicable)

_____ 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
_____ Other: ________________________

If any of the above are checked, please give a detailed description, including dates and times:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Services Required: (Please check applicable)
_____ City Police**
_____ City Parks
_____ Fire Department
_____ Sanitation
_____ Transportation
_____ Other: ________________________

**City of Sandy Springs Police shall be utilized if available

If any of the above are checked, please give a detailed description:_____________________
________________________
________________________
________________________

Elements and Special Effects or Stunts: (Please check applicable)
_____ Generator(s)
_____ Special Lighting/Lighting Cranes
_____ Music Playback
_____ Smoke/Fire/Pyro
_____ Vehicles
_____ Simulated Weapons Used
_____ Falling/Jumping from Height
_____ Animals
_____ Other: ________________________

If any of the above are checked, please give a detailed description:_____________________
________________________
________________________
________________________
**Please Note: The City reserves the right to deny any Film Production Special Event that is not within the best interests of the City and its Residents.**

**Hold Harmless Agreement**
The applicant agrees to indemnify the City of Sandy Springs and to be solely and absolutely liable upon any and all claims, suits and judgments against the City and/or the applicant 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.

Applicant Signature

___ / _____ / _____
Date

**Insurance:** The production company must provide a certificate of insurance naming the City of Sandy Springs as an additional insured. The City requires an insurance policy rider for general liability and worker’s compensation for $1,000,000 each occurrence and aggregate with endorsement naming the City of Sandy Springs as additional insured.

**Permit Fee:** $100.00 per day

$500.00 Sanitation Bond required if filming occurs in a City Owned Park or Facility

For additional information, contact the Revenue Department at 770-730-5600