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

Dates: From: ________________    To: ________________

Hours: From: ____________am/pm   To: _______________am/pm

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

Number of Vehicles:                              Date(s)
_____ Production Cars                              From: _________   To: __________
_____ Trucks                                      From: _________   To: __________
_____ Generators                                  From: _________   To: __________
_____ Buses                                       From: _________   To: __________
_____ Catering Vehicles                           From: _________   To: __________
_____ Crew Cars                                   From: _________   To: __________
_____ Trailers                                    From: _________   To: __________
_____ Tow Cars                                    From: _________   To: __________
_____ Vans                                        From: _________   To: __________
_____ Campers                                     From: _________   To: __________
_____ Shuttle Vans                                From: _________   To: __________
_____ Extras' Cars                                 From: _________   To: __________

Total: ______

List Parking Location(s) or Base Camp: ________________________________
_______________________________________________________________________
_______________________________________________________________________

_______________________________________________________________________
**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 list any Special Requests not already covered: _____________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**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