



## 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
Yes			

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.

Send completed form for processing to:

Donna King  
City Clerk  
(203) 854-7703  
dking@norwalkct.org

For more information:

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