

**CHATHAM COUNTY FILM PERMIT APPLICATION**

1117 Eisenhower Drive, Suite D, Savannah, GA 31406 / Chatham County, PO Box 8161, Savannah GA, 31412, (912) 201-4300



**PERMIT NUMBER:** \_\_\_\_\_

ACCEPTANCE OF PAYMENT BY THE COUNTY DOES NOT CONSTITUTE FINAL APPROVAL OF THE FILMING PERMIT. THIS APPLICATION IS SUBJECT TO ALL NECESSARY APPROVALS. SAID PERMIT FEE SHALL BE REFUNDED IN THE EVENT THAT FINAL APPROVAL IS NOT GRANTED. **Permit Fee: \$100.00 per day, plus Application Fee: \$25.00 (non-refundable), and completed Affidavit Verifying Status Form**

- \* Prior to submitting this application you must first complete the **Project Registration Form** with the Savannah Area Film Office.
- \* This application is for Professional Productions only. Students must complete the **Student Film Permit Application** form.

1. Date: \_\_\_\_\_
2. Applicant Name \_\_\_\_\_ Position/Role \_\_\_\_\_
3. Applicant's Phone \_\_\_\_\_ Email \_\_\_\_\_
4. Project Title \_\_\_\_\_ Total Project Budget \_\_\_\_\_
5. Company Name \_\_\_\_\_ Company Phone \_\_\_\_\_
6. Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
7. Local Production Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
8. Local Production office Phone Number \_\_\_\_\_

**PRODUCTION CONTACT:**

9. Producer/UPM Name \_\_\_\_\_ Producer/UPM Phone No. \_\_\_\_\_
- Producer / UPM Email \_\_\_\_\_ Location Manager Email \_\_\_\_\_
- Location Manager Name \_\_\_\_\_ Location Manager Phone No. \_\_\_\_\_

**LOCATIONS:**

10. How Many Locations? \_\_\_\_\_ List Locations (Example: 123 Wilmington Island Road and sidewalk; or Isle of Hope) and attach map  
\_\_\_\_\_

11. Filming Date(s) \_\_\_\_\_ Rap Time(s) \_\_\_\_\_

12. Total Number of crew and cast to be present at this location \_\_\_\_\_ Will you need parking?  Yes  No

13. Will you be using any special equipment?  Yes  No Will you need ITC or pedestrian control?  Yes  No
- Do you have any specific Police requests?  Yes  No Will there be stunts?  Yes  No **\*(separate Special Event is required)**  
**(Attach requirements)**
- Do you have a stunt coordinator?  Yes  No Will there be special effects or pyrotechnics?  Yes  No
- Do you have a SFX coordinator?  Yes  No Will there be simulated violence and/or weapons?  Yes  No  
**\*Noise Ordinance Permit Required**
- Will you be using animals?  Yes  No

*\*If Yes, provide a detailed map showing ALL requested needs (i.e. working truck parking, crew parking, basecamp, set, etc.)*

**SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_

Building Safety \_\_\_\_\_ Approved / Reviewed \_\_\_\_\_ Date \_\_\_\_\_

DBSRS Fire Marshall \_\_\_\_\_ Approved / Reviewed \_\_\_\_\_ Date \_\_\_\_\_

Parks & Recreation \_\_\_\_\_ Approved / Reviewed \_\_\_\_\_ Date \_\_\_\_\_

Engineer Department \_\_\_\_\_ Approved / Reviewed \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT:**

[ ] Cash [ ] Credit Card [ ] Check No. \_\_\_\_\_ Receipt No. \_\_\_\_\_