PORT WENTWORTH FILM PERMIT APPLICATION

305 South Coastal Highway, Port Wentworth, GA 31407 / (912) 964-4379

PERMIT NUMBER:

ACCEPTANCE OF PAYMENT BY THE CITY OF PORT WENTWORTH DOES NOT CONSTITUTE FINAL APPROVAL OF THE FILMIMG PERMIT. THIS APPLICATION IS SUBJECT TO ALL NECCESARY APPROVALS. SAID PERMIT FEE SHALL BE REFUNDED IN THE EVENT THAT FINAL APPROVAL IS NOT GRANTED. *There is currently no fee for City of Port Wentworth's film application or film permit.*

* Prior to submitting this application, all ***Professional Productions*** must first complete the ***Project Registration Form*** with the ***Savannah Area Film Office***. Students do not fill out the Project Registration Form.

TYPE OF PRODUCTION:

☐ Professional ☐ Student

Please list the type of production (Feature, TV show, Music Video, Short Film, etc.) _____

GENERAL INFORMATION:

1. Date of Application: _____
2. Applicant Name: _____ Position/Role: _____

   Applicant's Phone: _____ Email: _____
3. Production Title: _____
4. Total Project Budget: _____ Total Local Spend: _____
5. Company Name: _____ Company Phone: _____

   Company Address: _____ City: _____ State: _____ Zip: _____
6. Local Production Office Address: _____ City: _____ State: _____ Zip: _____

   Local Production Office Phone Number: _____

PRODUCTION CONTACT:

7. Producer/UPM Name: _____ Location Manager Name: _____

   Producer/UPM Phone No: _____ Location Manager Phone No: _____

   Producer /UPM Email: _____ Location Manager Email: _____

LOCATIONS:

8. Requested Location (Name of Building and Address) _____
9. PREP DAYS: Date(s) _____ Start Time _____ End Time _____
10. PRODUCTION DAYS: Date(s) _____ Start Time _____ End Time _____
11. WRAP DAYS: Date(s) _____ Start Time _____ End Time _____
12. Total Number of People to be Present at this Location _____
13. Will you need parking for working trucks? If yes, provide a map of the requested parking. □ Yes □ No
14. Will you be using any special equipment? □ Yes □ No If yes, please list equipment. _____
15. Will you need ITC or pedestrian control? □ Yes □ No
    If yes, please list dates/ times needed and *attach* a map of the requested street/sidewalk closure(s). _____
16. Are you requesting officers for security? □ Yes □ No If yes, please list dates and times. _____
17. Will there be stunts? □ Yes □ No
    If yes, please list the Stunt Coordinator's name and contact information. _____
18. Will there be special effects or pyrotechnics? □ Yes □ No
    If yes, please list the SFX Coordinator's name and contact information. _____
19. Will there be simulated violence and/or weapons? □ Yes □ No
    If yes, please list details of the actions and/or weapons? _____
20. Will you be using animals? □ Yes □ No
    If yes, please list the Animal Wrangler's name and contact information. _____

SIGNATURE _____ ***TITLE*** _____

OFFICE USE ONLY

_____	_____	_____
City Administrator	Approved / Reviewed	Date
_____	_____	_____
Police Department	Approved / Reviewed	Date

PAYMENT:

[ ] Cash [ ] Credit Card [ ] Check No. _____ Receipt No._____