



CITY OF BERKLEY MICHIGAN FILM PERMIT APPLICATION

Contact and Production Information for Master Film Permit

Project Name:	For official Use Only Film Permit #:
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COMPANY INFORMATION:

Production Company Name:			
Permanent Address:			
City:	State:	Zip Code:	Phone:
Local Production Office Address:			
Local Production Office Phone:			Fax:

CONTACT INFORMATION:

1. Producer:	Phone:	Email:
2. Production Manager:	Phone:	Email:
3. Location Manager:	Phone:	Email:
4. Asst. Location Manager:	Phone:	Email:

PRODUCTION INFORMATION:

This project is (check one):

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Feature Film | <input type="checkbox"/> Music Video | <input type="checkbox"/> Television Programming | <input type="checkbox"/> Documentary |
| <input type="checkbox"/> Corporate Video | <input type="checkbox"/> Short Film | <input type="checkbox"/> Public Service Announcement | <input type="checkbox"/> Still Photography |
| <input type="checkbox"/> TV Movie | <input type="checkbox"/> Commercial | <input type="checkbox"/> Other as specified: | |

Number of production vehicles:

Size of Crew:

Number of Talent:

Total Number of Filming Days in Berkley:

Number of Public Locations:

Brief description of project:



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Use the space below to itemize anticipated additional services:

- Police Officers
 Police cars
 Water Permit
 Noise Variance
 Trash Removal
 Fire Trucks
 Parks
 Explosives Permit
 EMS Standby
 Other (please describe)
-

Please identify any equipment or props that may be present at any of your shooting locations. This may require inspections and approval by Building Department and/or Code Enforcement staff:

- Generator
 Light
 Crane
 Track
 Dolly
 Water Truck
 Camera Car
 Rig (stills)
 Effects
 Large prop
 Set Design
 Other as specified:

Emergency Contact *(available, on call 24 hours / 7 days a week)*

Name _____ Company Name _____

Mobile Number _____ E-mail _____

For City Use Only

<u>Received</u>	<u>Receipt Number</u>	<u>Date Received</u>
Application Fee (\$150) <input type="checkbox"/>		
Deposit (\$1000.00) <input type="checkbox"/>		
Fee Waived <input type="checkbox"/>	City Manager's initials	

City Manager's Signature: _____ Date: _____

Conditions:

Project Name:

Location #:

Request for FILM PERMIT FOR STREET USE

(Fill out one Sheet for EACH location)

I hereby apply for permission to use or occupy public property, for the sole purpose of filming,

At (Exact Address):

Shooting Date(s):

Shooting Time:

Time trucks are scheduled to arrive at site:

Number of Police Officers requested:

Describe in detail the film activity that will be taking place at this location:

Describe what steps you have taken or will take to notify affected residents and/or businesses:

Parking Meter Numbers (if applicable):

Total number of meter hoods required for this location:

All operations in the city right-of-way shall comply with the City of Berkley Traffic Control requirements for In-Street Work and the following conditions: **For city use only**

Berkley Public Safety Department Approval:

Date:

CITY OF BERKLEY MICHIGAN

TEMPORARY TRAFFIC CONTROL ORDER

(TCO NUMBER)

In accordance with the duly adopted Uniform Traffic Code for Cities, Townships, and Villages, the Traffic Engineer hereby issues the following Temporary Traffic Control Order.

Film Permit Applicant: *Please provide the information requested in the shaded area. Submit this page with your application.*

PROJECT NAME:	
Filming Location	
DATE/S/TIMES:	
RESPONSIBLE PARTY:	
Name:	
Street Address:	
City/State/ZIP:	
Contact Phone:	
Email address:	

For Official Use Only:

Action required by City :	
<i>(Attach additional pages if needed)</i>	

Approved by: *(Print name and title below)* **Signature:** **Date:**

Public Safety		
Public Works		
Deputy Traffic Engineer		

****Original – Traffic Control File**



PRODUCTION SITE PLAN
PLEASE ILLUSTRATE THE LAYOUT OF YOUR SHOOT
(Attach additional pages if necessary)

Please paste a **DETAILED** map of each location, which includes the following information relevant to your production. Attach additional pages if necessary. Application will not be processed without this information.

- Names of all surrounding streets
- One way streets
- Parking restrictions and/or controls (parking meters, peak hour restrictions, etc.)
- Use of METRO bus zones
- Use of Truck Load or Passenger Load Zones
- Hooding of parking meters, or use of no-parking barricades in non-metered areas
 - Indicate on map with **X**
- Location/s of camera
- Street closures or intermittent traffic control
- Sidewalk closures or intermittent pedestrian control
- Truck parking
- Crew parking
- Base camp
- Catering location
- Direction of moving vehicles for driving shots
- Indicate location of generator



PRODUCTION SITE PLAN
PLEASE ILLUSTRATE THE LAYOUT OF YOUR SHOOT
(Attach additional pages if needed.)

For City Use Only:

Barricade List and Location(s)

Type:	Number:	Location/Comments:



CITY OF BERKLEY MICHIGAN

FILM PERMIT DEPOSIT REFUND REQUEST

Please provide the information below to request a refund of the deposited amount. Applicable charges for use of City facilities of staff time may be deducted from the deposit. If amounts due to the City are greater than the deposited amount, an invoice will be issued to the Company or Responsible Person noted on the Film Permit Application. Film Permit fee (\$150) is not refundable.

Film Permit #:	Project Name:	Project Completion Date:
Deposit Amount:	Receipt #:	Refund Request Date:

Refund check payable to: <i>(Name of Company/Responsible Person noted on the Film Permit)</i>			
Name: _____		Authorized Signature: _____	
Address: _____			
City:	State:	Zip Code:	Phone:

FOR INTERNAL USE ONLY:

The following amounts were deducted for:

Staff time	
Facility use charge(s)	
Equipment/Rentals	
Other	
Total Amount Refunded:	

PAYMENT APPROVAL	
Amount:	
Description:	
Acct#:	
City Manager	Date
Finance Director	Date