



# MOTION PHOTOGRAPHY PRODUCTION PERMIT

## CITY OF CLERMONT

PRODUCTION COMPANY/APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

REPRESENTATIVE NAME & TITLE \_\_\_\_\_

ON-SITE PRODUCTION COORDINATOR \_\_\_\_\_

ON-SITE PHONE \_\_\_\_\_

PRODUCTION MANAGER \_\_\_\_\_

PRODUCTION MANAGER EMAIL \_\_\_\_\_

PROJECT TITLE \_\_\_\_\_

Estimated Total Budget _____	Estimated Local Budget _____		
Total Cost _____	Local Cost _____	Total Crew _____	Local Crew _____
Total Room Nights _____	Production Days – Prep to Wrap _____		

Production Location	Dates & Times (Including Rain Dates + Times)

PLEASE EMAIL COMPLETED FORM TO [mrivera@clermontfl.org](mailto:mrivera@clermontfl.org)



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PRODUCTION COMPANY \_\_\_\_\_ FILMING DATE(S) \_\_\_\_\_

*If there is not enough space below, attach a separate sheet of paper with the required information.*

PRODUCTION SCHEDULE: Include all relevant information such as production activity, number of cast and crew involved, number of production vehicles at location any temporary structures, etc.

CITY, COUNTY OR STATE SERVICES: Describe any additional personnel, facilities, or assistance needed.

For example – police escort restroom use, extended hours, etc.

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**SPECIAL EFFECTS:** Check any applicable categories and include a detailed explanation of the activity.

Stunts	Explosives	Firearms	Fireworks	Incendiary Devices	Other

Explain:

**TRAFFIC CONTROL AND PARKING:** Describe all traffic control and parking arrangements necessary. When requesting parking, road closure or intermittent traffic control, a map of the impacted area must be included.



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### APPLICANT’S CERTIFICATION

The applicant agrees to abide by the provisions of the City/County/State Codes pertaining to Motion Photography Production, as represented by this permit and any attachments. In addition, the applicant agrees to restore location production sites to the condition existing immediately prior to production. This permit is to be in possession of the production company at all times while on location and also must be presented upon request by any City/County/State authorized agent. The person whose signature appears below certifies that he/she is an authorized agent of the applicant and is duly authorized on the applicant’s behalf to execute this application.

### INDEMNIFICATION

The applicant indemnifies and holds harmless the City of Clermont, its officers and employees, from and against all claims, damages, losses and expenses, including reasonable attorney’s fees, arising out of or resulting from the acts or omissions of applicant, its contractors, subcontractors, their employees, agents or servants, during the filming and all activities associated therewith for which this application is filed, including the use of any city owned property.

### INSURANCE CERTIFICATE

An Insurance Certificate additionally insuring The City of Clermont as the Certificate Holder, in the amount of no less than \$1,000,000 or \$5,000,000 in the case of explosives/stunts, must be attached to this application.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME & TITLE (PRINT) \_\_\_\_\_

### AUTHORIZATION FOR PERMIT APPROVAL: FOR FILM OFFICE ONLY

POLICE/SHIRIFF’S DEPT. \_\_\_\_\_ DATE \_\_\_\_\_

FIRE DEPT. \_\_\_\_\_ DATE \_\_\_\_\_

RISK MANAGEMENT \_\_\_\_\_ DATE \_\_\_\_\_

TRAFFIC & ENGINEERING \_\_\_\_\_ DATE \_\_\_\_\_

PARKS/RECREATION DEPT. \_\_\_\_\_ DATE \_\_\_\_\_

CODE ENFORCEMENT \_\_\_\_\_ DATE \_\_\_\_\_

CITY/COUNTY DESIGNEE \_\_\_\_\_ DATE \_\_\_\_\_

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*REQUIRED DOCUMENTS TO BE INCLUDED WITH THE PERMIT APPLICATION*

### \_\_\_ **Neighborhood Letter (if applicable)**

If filming at a residence, please attached a letter to be distributed to the surrounding neighbors within a 500 ft. circumference, as well as signed consent from properties on the immediate left, right, front and back.

### \_\_\_ **Business Letter (if applicable)**

If filming at a business, please attach a letter to be distributed to surrounding businesses within a 500 ft. circumference, as well as signed consent from businesses on the immediate left, right, front and back.

### \_\_\_ **Map**

If filming at a resident/business where you will be parking your production/crew vehicles on the street, please include a map that indicates where everyone will park.

Also, if filming at a park, please include a map that indicates where you will be filming on park property.

### \_\_\_ **Certificate of Insurance**

All filming in the City of Clermont requires applicants to produce a certificate of insurance additionally insuring the city/county of your filming jurisdiction.

### \_\_\_ **Project Summary Document (next page)**

Please fill out a Project Summary Document and return it to the Film Commission. This document is an important piece in helping track local spend information. Individual project information will *not* be shared unless written permission is received to do so. Any information collected will only be shared as part of a larger number, used to assist in highlighting the importance and positive impact of the Film Industry on our Central Florida region. Note: While final spend information is preferred, this document can be submitted prior to filming, with estimated spend information.



## FINAL PROJECT SUMMARY

PROJECT NAME:		PROJECT DATES:	
COMPANY NAME:			
ADDRESS:		CITY/STATE/ZIP:	
PHONE:		COMPANY WEBSITE:	
CONTACT NAME:		CONTACT TITLE:	
CONTACT PHONE:		CONTACT EMAIL:	
Check all that apply: <input type="checkbox"/> Film <input type="checkbox"/> Television <input type="checkbox"/> Commercial <input type="checkbox"/> Student <input type="checkbox"/> Other			
PROJECT DESCRIPTION:			
<b>BUDGET BREAKDOWN:</b>			
Total Budget:	\$ _____	Local Budget:	\$ _____
Total Crew # _____	\$ _____	Police/Security:	\$ _____
Local Crew # _____	\$ _____	Total # Production Days:	# _____
Total Cast # _____	\$ _____	Local # Production Days:	# _____
Local Catering:	\$ _____	Local # Room Nights:	# _____
Local Car & Van Rental:	\$ _____	Local Accommodation Spend:	\$ _____
Qualified Production Facility: <input type="checkbox"/> yes <input type="checkbox"/> no	Facility Name:		
Local Equipment Rental:	\$ _____	Studio/Stage Rental:	\$ _____
Miscellaneous:	\$ _____	Set Construction:	\$ _____
Florida State Tax Exempt? <input type="checkbox"/> yes <input type="checkbox"/> no			
VENDORS: <i>Please attach a list of vendors for our reference.</i> List of vendors attached. <input type="checkbox"/> yes <input type="checkbox"/> no			

Name/Title:	Date:
Signature:	

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