

Filming Permit Application

Permit Fee: \$50.00 Application Date: _____ Filming Permit #: _____

COMPANY INFORMATION			
Production Company Name:			
Address:			
City:	State:	Zip Code:	Phone:
24 Hour Contact:			Email:
Contact Phone Number:			
Title of Project:			

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

Production Information

Number of Crew: Local: _____ Total: _____	Number of Talent: Local: _____ Total: _____
Anticipated Public Locations: _____	
Number of Production Vehicles: Personal: _____	Semi Trucks: _____ Box: _____
Total Production Days in Cherokee: _____ Set up/Take Down Days: _____ / _____	
Filming Dates: _____	Time: _____

Cherokee County Development Service Center
1130 Bluffs Pkwy, Canton, GA 30114
770-721-7810
dsc@cherokeega.com

This Project is: (check all that apply)

<input type="checkbox"/>	Feature Film	<input type="checkbox"/>	Still Photography	<input type="checkbox"/>	Student Film	<input type="checkbox"/>	TV Programming
<input type="checkbox"/>	Short Film	<input type="checkbox"/>	Music Video	<input type="checkbox"/>	Interactive/Game	<input type="checkbox"/>	Corporate/Industrial
<input type="checkbox"/>	Web Series	<input type="checkbox"/>	International	<input type="checkbox"/>	National	<input type="checkbox"/>	Regional
<input type="checkbox"/>	PSA	<input type="checkbox"/>	Documentary	<input type="checkbox"/>	Kiosk	<input type="checkbox"/>	Commercial/Advertising
<input type="checkbox"/>	Other:						

Production Includes: (check all that apply and describe below)

<input type="checkbox"/>	Nondomestic or Domestic Animals	<input type="checkbox"/>	Sound Amplification	<input type="checkbox"/>	Flame Effects
<input type="checkbox"/>	Simulated Weapons Used	<input type="checkbox"/>	Public Nudity	<input type="checkbox"/>	Simulated Fog or Smoke
<input type="checkbox"/>	Loud Sounds	<input type="checkbox"/>	Outdoor Lighting After Dark	<input type="checkbox"/>	Explosion
<input type="checkbox"/>	Water or Rain Effects	<input type="checkbox"/>	Stunts	<input type="checkbox"/>	Fireworks
<input type="checkbox"/>	Road Block/ Traffic Control	<input type="checkbox"/>	Other:		

Description: _____

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Is this a rain or shine event? Yes _____ No _____ If no, list the rain date (s) and start/end times:

Do you require street closures? Yes _____ No _____ If yes, provide a detailed map of the area showing all requested closures.

Details (Will the filming project include the following?):

Staging/scaffolding? Yes _____ No _____

If yes, how many & what height? _____

Lighting? Yes _____ No _____

If yes, please explain _____

Tents/canopies? Yes _____ No _____

If yes, how many & what size? _____

***Note: Tents that are 400 sq. ft. or larger will require additional information to be submitted with the application. Such as:**

-Manufacturer set-up specifications.

-Manufacturer anchoring specifications to prevent wind up-

lift.

Electrical? Yes _____ No _____ If yes, what is the source?

Will sound amplification equipment be used? Yes _____ No _____ If yes, explain what sort of sound will be amplified.

Fire Department Information

Will filming include Fireworks/explosives? Yes _____ No _____ If yes, provide proof of Fire Marshal approval.

Will additional EMS/Ambulance/Fire Services (Fire Truck, ambulance, etc) be required for on-set stunts/activities? Yes _____ No _____

****Certain events may require fire department services and/or an approved public safety plan due to location, size, duration, planned attendance numbers or past historical events, etc. This will be determined by the fire department official. Please contact the Fire Marshal's office at 678-493-6290 for more information. ** Please note if services are required or requested a separate fee will need to be paid upfront before the permit is approved, per Cherokee County BOC Resolution 2017-R-043. ****

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Acknowledgement

I hereby certify that I have read and examined this application and know the same to be true and correct. As an authorized representative of the above organization, I agree to release, indemnify and hold harmless Cherokee County from any liability for personal injury or property damage sustained by any person in connection with the activities for which this permit is issued. The applicant agrees to comply with all federal, state and local laws, rules and regulations.

APPLICANT'S NAME (Printed)

APPLICANT'S SIGNATURE _____ Date _____

Please attach the following to this application:

1. Certificate of Insurance with general liability coverage limits of not less than one million dollars (\$1,000,000.00) per occurrence with said coverage listing **Cherokee County, 1130 Bluffs Parkway, Canton, GA 30114** as an additional insured. County reserves the right, at County's sole discretion, to request additional insurance coverage amounts should the Project include activities/actions that County deems to be higher risk.
2. A site map of each location requested for filming, with parking plan, and layout of production needs. Please especially note roads, parks, sidewalks, and requested closure locations.
3. Projected schedule of production dates (including filming, set up, and take down) for Cherokee County.

Thank you for making Cherokee your choice.

(For County Use Only)

Date Application Received: _____

Application Received by: _____