FILM & MOTION PHOTOGRAPHY PRODUCTION PERMIT FOR VOLUSIA COUNTY

Today's Date:					
PRODUCTION CO	MPANY/APPLICANT	NAME:			
ADDRESS:					
	ZIP:				
REPRESENTATIV	E NAME & TITLE:				
ON-SITE PRODUC	TION COORDINATO	DR:			
ON-SITE PHONE/C	CELL:				
Budget: Total Cast (local hires):					
Total Crew (local hires): Total Room Nig			n Nights:	ali t	
Production Days-Pro	ep to Wrap:		-		
□ Feature Film	🗆 Independent Film		□ PSA	□ Web Series	□ Music Video
Student Project	□ Documentary	□ TV Series/Pilot	□ Other_		
If there is n	ot enough space below	, attach a separate she	et of paper	with required info	ormation.
PRODUCTION LOCATION		DATES & TIM	IES—RAIN	N DATES & TIM	ES

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

FILM & MOTION PHOTOGRAPHY PERMIT – VOLUSIA COUNTY Page 1 of 4 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.

SERVICES: describe any additional personnel, facilities, or property assistance needed.

	SPECIAL EFFECTS	S: Check any app	licable categories be	elow and include an exp	lanation.
Stunts	Explosives	Firearms	Fireworks	Incendiary Devices	Other
Explain:	I				

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

APPLICANT'S CERTIFICATION

The applicant agrees to abide by the provisions of the City/County/State Codes pertaining to Film & Motion Photography production and the Volusia County Film & Motion Photography Policy, as represented by this permit and any attachments. In addition, the applicant agrees to restore location production sites to the

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condition existing immediately prior to production. This permit is to be in possession of the production company at all times while on location and must be presented upon demand by a 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

In addition to any indemnification terms in the agreement(s) required by the Volusia County Film & Motion Photography Policy, the applicant indemnifies and holds harmless the City/County/State, named as ________, 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 associates therewith for which this application is filed, including the use of any County owned property.

INSURANCE CERTIFICATE

An Insurance Certificate additionally insuring Volusia County, as the Certificate Holder, in the amount required by the County must be attached to this application.

APPLICANT SIGNATURE:	DATE:	DATE:		
NAME & TITLE (PRINT)				
Sworn and subscribed before me this day of is personally known or has produced	, 20 by as identification.	who		
Notary Public:				
My Comm. Expires:				

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AUTHORIZATION FOR PERMIT APPROVAL

LAW ENFORCEMENT:	 DATE:
FIRE DEPARTMENT:	 DATE:
RISK MANAGEMENT:	DATE:
TRAFFIC/ENGINEERING:	 DATE:
CULTURAL SERVICES:	DATE:
CODE ENFORCEMENT:	 DATE:

OTHER APPROVALS MAY BE REQUIRED BY THE COUNTY

OTHER:	 DATE
OTHER:	 DATE
OTHER:	 DATE
OTHER:	 DATE
OTHER:	DATE

ALL DOCUMENTS REQUIRED BY THE VOLUSIA COUNTY FILM & MOTION PHOTOGRAPHY POLICY MUST BE INCLUDED WITH THE PERMIT APPLICATION

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