

MEDIA PRODUCTION PERMIT APPLICATION



3725 Park Avenue Doraville, Georgia 30340
 Phone 770.451.8745 Fax 770.936.3862
 www.doravillega.us

FILM INFORMATION

Name of Film:		
Number in Cast:	Crew:	Extras:
Prep/Assembly Date(s):	Hours for Prep/Assembly:	
Production Date(s):	Hours for Production:	
Production Location:		
Is the Production Location: <input type="checkbox"/> Private Property <input type="checkbox"/> Public Property <input type="checkbox"/> Streets or Right-of-Way		
Production Includes (check all that apply): <input type="checkbox"/> Temporary Structures/Tents <input type="checkbox"/> Guns in Display of Public		
<input type="checkbox"/> Nondomestic Animals <input type="checkbox"/> Public Nudity <input type="checkbox"/> Sound Amplification or Other Attention Getting Devices		
<input type="checkbox"/> Special Effects (e.g. fire, explosives, pyrotechnics) <input type="checkbox"/> None of the Above		
Base Camp Location:		
Is the Base Camp Location: <input type="checkbox"/> Private Property <input type="checkbox"/> Public Property <input type="checkbox"/> Streets or Right-of-Way		
Base Camp Includes (check all that apply): <input type="checkbox"/> Temporary Structures/Tents <input type="checkbox"/> Food Preparation		
<input type="checkbox"/> Consumption or Sale of Alcohol <input type="checkbox"/> None of above		
Do you intend to post any temporary signs (including small, directional signs): <input type="checkbox"/> Yes <input type="checkbox"/> No		

REQUIRED ATTACHMENTS *(applications lacking required attachments will not be processed)*

<input type="checkbox"/> Site Plan – Showing Production Location and Base Camp
<input type="checkbox"/> Proof of Permission of Property Owner for use of Production Location and Base Camp
<input type="checkbox"/> Notification of Neighbors affected by Production Location
<input type="checkbox"/> \$25 Application Fee (cash, check, or credit card [Visa or MasterCard])

APPLICANT INFORMATION

Company/Organization:		
Applicant Name:		
Address:		
Phone:	Cell:	Email:

TERMS & CONDITIONS

To the best of my knowledge, this media production permit application is correct and complete. If additional materials are determined to be necessary, I understand that I am responsible for filing additional materials as specified by the City of Doraville Media Production and Photography Policy. I understand that failure to supply all required information will result in the rejection of this application or revocation of a permit. I hereby agree that as a condition to the issuance of a Media Production Permit, the media production/media liaison shall indemnify and hold the City harmless from claims, demand or cause of action which may arise from activities associated with the production.

Applicant Printed Name:		
Applicant Signature:	Date:	

STAFF USE ONLY

Received By:	Date:	Project number:	Fees:
Secondary: <input type="checkbox"/> Public <input type="checkbox"/> Signs <input type="checkbox"/> Tents <input type="checkbox"/> Guns <input type="checkbox"/> Animals <input type="checkbox"/> Nudity <input type="checkbox"/> Sound <input type="checkbox"/> Fire <input type="checkbox"/> Food <input type="checkbox"/> Alcohol			