



CITY OF PORT WENTWORTH FILM PERMIT APPLICATION

305 South Coastal Highway, Port Wentworth, Georgia 31407 | (912) 964-4379

PERMIT NUMBER: _____

ACCEPTANCE OF PAYMENT BY THE CITY OF PORT WENTWORTH DOES NOT CONSTITUTE FINAL APPROVAL OF THE FILMING PERMIT. THIS APPLICATION IS SUBJECT TO ALL NECESSARY APPROVALS. SAID PERMIT FEE SHALL BE REFUNDED IN THE EVENT THAT FINAL APPROVAL IS NOT GRANTED. **Application Fee for All Non-Student Filming: \$25.00 (non-refundable)**

* Prior to submitting this application, all *Professional Productions* must first complete the *Project Registration Form* with the *Savannah Area Film Office*. Students are not required to complete the Project Registration Form.

TYPE OF PRODUCTION:

Professional Student

Please list the type of production (Feature, TV Show, Music Video, Short Film, etc.) _____

GENERAL INFORMATION:

- Date of Application: _____
- Applicant Name: _____ Position/Role: _____
Applicant's Phone: _____ Email: _____
- Production Title: _____
- Total Project Budget: _____ Total Local Spend: _____
- Company Name: _____ Company Phone: _____
Company Address: _____ City: _____ State: _____ Zip: _____
- Local Production Office Address: _____ City: _____ State: _____ Zip: _____
Local Production Office Phone Number: _____

PRODUCTION CONTACT:

- Producer/UPM Name: _____ Location Manager Name: _____
Producer / UPM Phone No.: _____ Location Manager Phone No.: _____
Producer / UPM Email: _____ Location Manager Email: _____

LOCATIONS:

- REQUESTED LOCATION: (Name of Building and Address) _____
- PREP DAYS: Date(s) _____ Start Time: _____ End Time: _____
- PRODUCTION DAYS: Date(s) _____ Start Time: _____ End Time: _____
- WRAP DAYS: Dates(s) _____ Start Time: _____ End Time: _____
- Total Number of People to be Present at this Location _____
- Will you need parking for working trucks? If yes, provide a map of the requested parking. Yes No
- Will you be using any special equipment? Yes No If yes, please list equipment. _____
- Will you need Intermittent Traffic Control (ITC) or pedestrian control? Yes No
If yes, please list dates/times needed and *attach* a map of the requested street/sidewalk closure(s). _____
- Are you requesting officers for security? Yes No If yes, please list dates and times. _____
- Will there be stunts? Yes No
If yes, please list the Stunt Coordinator's name and contact information. _____
- Will there be special effects or pyrotechnics? Yes No
If yes, please list the SFX Coordinator's name and contact information. _____
- Will there be simulated violence and/or weapons? Yes No
If yes, please list the details of actions and/or weapons. _____
- Will you be using animals? Yes No
If yes, please list the Animal Wrangler's name and contact information. _____

SIGNATURE _____ **TITLE** _____

OFFICE USE ONLY

City Administrator Approved / Reviewed _____ Date _____

Police Department Approved / Reviewed _____ Date _____

PAYMENT:

Cash Credit Card Check No. _____ Receipt No. _____