



CITY OF ATLANTA
Department of Public Works/Office of Transportation
55 Trinity Avenue SW, Suite 4900
Atlanta, Georgia 30303-3531
Tel: (404) 330-6501 Fax: 404-546-8681

Application for a Photo/Film/Video Shoot in City of Atlanta
Permit requirements will be determined upon receiving application

Minimum Deadlines:

Full street closures: 5 business days

Lane closures: 3 business days

Sidewalk closures: 3 business days

- **If you will be using a generator, please contact Keesha Dillingham or the Bureau of Buildings to determine if a permit is required 404-330-6150 or email kdillingham@atlantaga.gov**

Production Company/School Information:

| | | | |
|----------------------------|--------------|-----------------|--|
| Company/School Name: _____ | | | |
| Address: _____ | | | |
| City: _____ | State: _____ | Zip Code: _____ | |
| Phone: _____ | Fax: _____ | Email: _____ | |

Project Information:

| | | | |
|--|--------------------------------------|--|--|
| Title: _____ | | | |
| Type: <input type="checkbox"/> Feature | <input type="checkbox"/> Still | Project Budget: <input type="checkbox"/> \$0 - \$50K | <input type="checkbox"/> \$5M - \$10M |
| <input type="checkbox"/> TV | <input type="checkbox"/> Music Video | <input type="checkbox"/> \$50K - \$100K | <input type="checkbox"/> \$10M - \$30M |
| <input type="checkbox"/> Documentary | | <input type="checkbox"/> \$100K - \$500K | <input type="checkbox"/> \$30M - \$50M |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Reality | <input type="checkbox"/> \$500K - \$5M | <input type="checkbox"/> over \$50M |
| <input type="checkbox"/> Student | <input type="checkbox"/> Other | | |
| Total Shoot Days: _____ | Atlanta Budget: _____ | | |
| Director: _____ | Phone: _____ | | |
| Email: _____ | | | |

Personnel Contact Information: (Must be on site at time of shoot)

| | |
|--|--------------|
| Contact Type: <input type="checkbox"/> Location Manager/Scout <input type="checkbox"/> Production Manager <input type="checkbox"/> Other _____ | |
| Name: _____ | |
| Phone: _____ | Fax: _____ |
| Mobile/Cell: _____ | Email: _____ |

Overview:

| | Start Date | End Date | Call Time (am/pm) | Wrap Time (am/pm) |
|---------|------------|----------|-------------------|-------------------|
| Prep: | _____ | | | |
| Shoot: | _____ | | | |
| Strike: | _____ | | | |

Location:

Each location must include a basic site plan that includes streets, intersections and the location of all production elements including vehicles, condors, generators, tents, large set pieces, etc.

| | |
|-------------------|-------|
| Name: | _____ |
| Address/Location: | _____ |
| Specific Area: | _____ |
| | _____ |

Scene Description:

| | |
|----------------------------|-------|
| General Overview of Scene: | _____ |
| | _____ |
| | _____ |

| | |
|--|--|
| Amplified Sound: | |
| Do you plan to have amplified sound? Yes _____ No _____ | |
| What type of sound equipment will you use? _____ | |
| What type of sounds will be amplified? _____ | |
| Start time of amplified sound: _____ End time: _____ | |
| <u>* All amplified sound must comply with the City of Atlanta Noise Ordinance and under no circumstances shall continue later than 11:00 p.m.</u> | |

Personnel at this Location:

| |
|----------------------------|
| Number of Cast/Crew: _____ |
| Number of Extras: _____ |

PLEASE COMPLETE A NEW PAGE FOR EACH LOCATION REQUIRING APPROVAL

Vehicles and Parking: (Any vehicles requesting entry in a park will require a city approved park attendant for an additional fee at all times while in the park)

Total Number of Vehicles: _____ Cast/Crew Cars and Vans: _____
 Trucks/Trailers/Motor homes: _____ Picture Cars: _____
 Cranes/Condors: _____ Other: (please specify): _____
 Do you need to close lanes/streets or rent meters to park production vehicles? __Y__N
 Crew Parking: _____
 Overflow Parking: _____
 Base Camp: _____

If filming in a City of Atlanta Park, are you requesting to bring cars on the roads inside the Park? __Y__N
 (If you are interested in entering Piedmont Park at Park Drive, we must know the gross weight of all vehicles)

Special Effects Information: (The following activities may require a special permit.)

Check All That Apply:

| | | | | |
|---|--|---------------------------------------|--|--|
| <input type="checkbox"/> Aerial | <input type="checkbox"/> Animals | <input type="checkbox"/> Candles | <input type="checkbox"/> Cooking on site | <input type="checkbox"/> Water Effects |
| <input type="checkbox"/> Set Construction | <input type="checkbox"/> Explosion | <input type="checkbox"/> Fire Effects | <input type="checkbox"/> Gunfire | <input type="checkbox"/> Generator |
| <input type="checkbox"/> Open Campfire | <input type="checkbox"/> Propane | <input type="checkbox"/> Smoke | <input type="checkbox"/> Sparks | <input type="checkbox"/> Stunts |
| <input type="checkbox"/> Tent | <input type="checkbox"/> Tent over 200 Sq. Ft. | <input type="checkbox"/> Pyrotechnics | <input type="checkbox"/> Confetti | |

Effect Description: _____

Type of Equipment

List the type of equipment that will be used _____

Department of Public Works, Solid Waste Services

YES NO

Will you be contracting sanitation services with an outside agency?
If yes, please ATTACH an agreement between your organization and the agencies performing these services. This agreement letter must be submitted on the letterhead of the appropriate agencies responsible and must include the following:

Contact information: Name and number of person responsible during event for services

- Number of trash and recycling receptacles provided by the agency
- Date trash & recycling will be removed from event location

If you are requesting this service to be provided by the City's Solid Waste Services Department, you must contact 404-523-0632 in advance to request an estimate.

If no, please explain clean-up & recycling plan: (If you are using volunteers, please list the numbers, procurement of trash & recycling containers, scope of responsibilities and where trash will be disposed of.)

Department of Public Works, Office of Transportation Closures

Does your shoot include the full or partial closure of a street, lane, sidewalk, or public right of way to vehicular or pedestrian traffic either directly (shoot takes place in street) or indirectly (no/not enough marked, legal parking for production vehicles) ? **If yes, you must complete the application on page 6.**

Circle One:

YES

NO

Full Street Closure _____

Parking Lane Closure _____

Sidewalk Closure _____

Partial Street Closure _____

of Lanes _____

Direction of Lanes _____

of Parking Meters _____

Council Member Notification

Applicants requesting a street or lane closure are also required to inform the appropriate city council member of permit request. Notification should include the dates, times, and location, including intersections, of the street or lane closure, general information about activities taking place (parking vehicles or actual filming on street), the presence of APD and prior notification of neighbors. Ask for acknowledgement of your notification from the councilmember and forward this notification to Dionne Benton, dbenton@atlantaga.gov.

| Council District(s) | Council Member(s) | Email Address |
|---------------------|-------------------|--|
| 1 | Carla Smith | csmith@atlantaga.gov |
| 2 | Kwanza Hall | khall@atlantaga.gov |
| 3 | Ivory Young | ilyoung@atlantaga.gov |
| 4 | Cleta Winslow | cwinslow@atlantaga.gov |
| 5 | Natalyn Archibong | narchibong@atlantaga.gov |
| 6 | Alex Wan | awan@atlantaga.gov |
| 7 | Howard Shook | hshook@atlantaga.gov |
| 8 | Yolanda Adrean | yadrean@atlantaga.gov |
| 9 | Felecia Moore | fmoore@atlantaga.gov |
| 10 | C.T. Martin | cmartin@atlantaga.gov |
| 11 | Keisha Bottoms | kbottoms@atlantaga.gov |
| 12 | Joyce Shepherd | jsheperd@atlantaga.gov |

Additional Acknowledgements

To receive a PFV permit, the recipient must agree to all of the terms and conditions set forth in the permit, including without limitation compliance with the following rules:

- Atlanta City Ordinances and state laws must be followed at all times. Please contact the Atlanta Police Department, SOS Section (404-209-5260), Department of Public Works, Office of Transportation (404-330-6501) and Bureau of Code Compliance (404-865-8464) for additional information.
- Fees may apply to services requested in parks outside of normal business/operating hours, and the Permittee must pay said fees at the time of receiving the PFV Permit.
- A \$1000 fine (per incident) will be assessed on infractions and unauthorized alteration to the permit, and the Permittee must agree to pay said fines within thirty (30) days of receipt of the City invoice.
- The permittee must agree to indemnify the City for damages arising from the shoot.
- The permittee must obtain a \$1 million insurance coverage for the shoot listing the City of Atlanta as the certificate holder.

Signature _____ Name _____ Date _____

City of Atlanta PFV Shoot Security Plan

Today's Date: _____ Shoot Name: _____

Description of shoot (make explanation of detailed as possible to prevent confusion or rejection):

Date(s): _____ Time (s): _____

Location (s) / Route (if there are any moving components):

Security Plan Summary: (Attach Plan of Action or briefly describe security plan to include, but not limited to, crowd control, internal security and venue safety)

Number of police hired: _____ (POST-certified off-duty law enforcement personnel only)

List agencies represented by Off-duty Officers: _____

List "Lead Officer's" name and contact number: _____

TRAFFIC: Fixed: _____ Mobile: _____
CROWD CONTROL Fixed: _____ Mobile: _____

Number of Barricades required: _____ (applicant must provide barricades)

Are you hiring additional security from a private security company? : Yes No
Please note: this is not a substitute for Post-certified off-duty law enforcement personnel

If yes, please list the Name and Contact Number of private security company:

This above portion of this form is to be filled out by the Producer or Location Manager ONLY.

For more info, contact Special Operations at (404) 209-5260 or by fax at (404) 209-2518.

****To be completed by the ATLANTA POLICE DEPARTMENT (SOS) ONLY****

Zone: _____

- | | |
|---|---|
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> APPROVED |
| <input type="checkbox"/> DISAPPROVED | <input type="checkbox"/> DISAPPROVED |

Commander, Special Operations Section
Atlanta Police Department

Deputy Chief, Field Operations
Atlanta Police Department

City of Atlanta

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Lane, Street & Sidewalk Closure Application

Application is for : Parking Lane Lane Closure Full Street Closure Sidewalk Closure

Contact Name: _____ Number: _____

Mobile Number _____ Email Address _____

Company and/or organization name: _____

Mailing Address: _____

Office Number _____ Fax Number _____

Date(s) Work to be performed: From _____ To: _____

Time of Work: From _____ To : _____

Location of Blockage: _____

(e.g., West side of Jackson Street, N.E. between Irwin Street and Auburn Avenue AND street address if possible)

Number of Lanes _____ Feet Blocked _____ Number of Parking Meters Blocked _____

Detailed Description of Work: _____

- Application must be completed entirely
- Please submit traffic control plan/detour route and time work performed
- Please attach detour route for FULL STREET CLOSURES, otherwise provide sketch below.
- Work requested to be performed between 11 pm until 7 am requires a Noise Variance permit.
- Please NOTE intermittent traffic control plans, this will be considered a full street.

