

Film Location Permit Application

General Information:

Name of Applicant: _____

Position/Title: _____

Production Company: _____

Parent Production Company: _____

Address: _____

Phone Number: _____ Fax Number: _____

Cell Number: _____

Email: _____

Product Information:

Project Title: _____

Topic: _____

Type:

Feature

TV Movie

TV Series

Commercial

Documentary

Educational Segment

Other

Total days of filming in Parry Sound: _____

Dates (from day/month/year to day/month/year): _____

Which, if any, days do you request night filming:

Total project budget: _____

Total budget for filming in Parry Sound: _____

Production Country of Origin: _____

Total number of Parry Sound locations: _____

Please provide a list of all proposed film locations and briefly describe the proposed activities at each including dates and times, parking requirements, municipal services and facilities, planned traffic interruptions, special effects, etc.

The following format is suggested for each film location:

Location: _____

Date: _____

Time: _____

Parking Plan required (five or more vehicles on site)	Yes	No
Road Closure/Traffic Interruption	Yes	No
Use of Municipal Facilities Property	Yes	No
Off-duty Paid OPP Officer(s) required	Yes	No

Special Effects (please list):

Activity Description:

Name of Applicant (please print): _____

Signature: _____ Date: _____

Approved by: _____

Signature: _____ Date: _____