



FILM PERMIT APPLICATION

Downtown Operations & Community Services
500 Carteret Street, Suite B2, Beaufort, South Carolina, 29902
p. (843) 525-7084 / f. (843) | www.cityofbeaufort.org

Production Company _____ Film _____

Address _____ Contact Person _____

Office Phone _____ Fax _____ Pager _____ Mobile Phone _____

Type: Feature Film _____ TV Movie _____ TV Series _____ Commercial _____

Other _____

Location _____

Film Date _____ Hours _____

Prep/wrap outside listed time? No _____ Yes _____ If yes see page 2.

In case of foul weather or other emergency, film date will be: - - - - -

Describe Scene _____

Estimates number in Cast _____ Crew _____ Extras _____

Proposed Street Closure _____

Equipment Parking (Location) _____

Base Camp (Location) _____

Catering Truck (Location) _____

Crew Parking_____

Extras' Parking_____

On-Street Parking_____

Vehicular Traffic Control Requested_____

Pedestrian Traffic Control Requested._____

Special Utility Requests (electric, telephone, water, ect.)_____

Special Equipment and Placement_____

Special Situations/Effects (stunts, animals, gunfire, noise, ect.)_____

Other Special Request (Alterations to City property, etc.)_____

Additional Information (Include any prep and wrap activities, times, parking)_____

(Check one)

~~-----~~ **Approved**

~~-----~~ **Approved** with conditions as attached

~~-----~~ **Denied**

William Prokop, City Manager

Date