FILM & MOTION PHOTOGRAPHY PRODUCTION PERMIT FOR VOLUSIA COUNTY

Today's Date:					
PRODUCTION CO	MPANY/APPLICANT	NAME:			
ADDRESS:					
	ZIP:				
REPRESENTATIV	E NAME & TITLE:				
ON-SITE PRODUC	TION COORDINATO	R:			
ON-SITE PHONE/C	CELL:				
Budget: Total Cast (local hires):					
Total Crew (local h	ires):	Total Roon	n Nights:		
Production Days-Pr	ep to Wrap:				
☐ Feature Film	☐ Independent Film	□ Commercial	\square PSA	□ Web Series	☐ Music Video
☐ Student Project	□ Documentary	□ TV Series/Pilot			
If there is r	not enough space below	, attach a separate she	eet of paper	with required inf	ormation.
PRODUCTION LOCATION DATES & TIMES—RAIN DATES & TIMES			ES		

If there is not enough space below, attach a separate sheet of paper with the required information.

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				duction activity, numbon, any temporary struc	
	SERVICE		lditional personnel, istance needed.	facilities, or property	
S	PECIAL EFFECTS	5: Check any appli	cable categories be	low and include an exp	olanation.
Stunts	Explosives	Firearms	Fireworks	Incendiary Devices	Other
Explain:					
				parking arrangements the impacted area mus	

APPLICANT'S CERTIFICATION

The applicant agrees to abide by the provisions of the City/County/State Codes pertaining to Film & Motion Photography production and the Volusia County Film & Motion Photography Policy, as represented by this permit and any attachments. In addition, the applicant agrees to restore location production sites to the

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condition existing immediately prior to production. This permit is to be in possession of the production company at all times while on location and must be presented upon demand by a City/County/State authorized agent. The person whose signature appears below certifies that he/she is an authorized agent of the applicant and is duly authorized on the applicant's behalf to execute this application.

INDEMNIFICATION			
In addition to any indemnification terms in the agreement Photography Policy, the applicant indemnifies and , its officers and employer	· / •	y/State, named as	
expenses, including reasonable attorney's fees, arising applicant, its contractors, subcontractors, their employactivities associates therewith for which this application property.	g out of or resulting from the act yees, agents or servants, during the	ts or omissions of the filming and al	
INSURANCE CERTIFICATE An Insurance Certificate additionally insuring Volusia C by the County must be attached to this application.	ounty, as the Certificate Holder, in t	he amount required	
APPLICANT SIGNATURE:	DATE:		
NAME & TITLE (PRINT)			
Sworn and subscribed before me this day of is personally known or has produced	, 20 byas identification.	who	
Notary Public: My Comm. Expires:			

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AUTHORIZATION FOR PERMIT APPROVAL

LAW ENFORCEMENT: _		DATE:
FIRE DEPARTMENT:		DATE:
RISK MANAGEMENT: _		DATE:
TRAFFIC/ENGINEERING: _		DATE:
CULTURAL SERVICES: _		DATE:
CODE ENFORCEMENT: _		DATE:
OTHER	APPROVALS MAY BE REQUIRED BY T	THE COUNTY
OTHER:		DATE

ALL DOCUMENTS REQUIRED BY THE VOLUSIA COUNTY FILM & MOTION PHOTOGRAPHY POLICY MUST BE INCLUDED WITH THE PERMIT APPLICATION

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