



FILM PERMIT APPLICATION

Downtown Operations & Community Services
500 Carteret Street, Suite B2, Beaufort, South Carolina,
29902 p. (843) 379-7519 / abrandon@cityofbeaufort.org

Production Company _____ Film _____

Address _____ Contact Person _____

Office Phone _____ Mobile Phone _____

Type: Feature Film _____ TV Series _____ Commercial _____

Movie _____ 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)



Applicant Signature

Date

(Check one)

Approved

Approved with conditions as attached

Denied

Scott Marshall, City Manager

Date