



# Community Development Department

5047 Union Street  
Union City, GA 30291  
Phone: 770-515-7950  
Email: Development@unioncityga.org

## Film Permit Application

*Please complete the following form and submit all required items. All fees must be paid and before permit will be issued.*

### Organization

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip : \_\_\_\_\_

Production Contact (On-Site): \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Location (address) : \_\_\_\_\_

### Type of Filming

Feature     Commercial     Reality TV     Scripted     Other

### Type of Property

City Park     City Sidewalk/Street     City Building     Private Building

### Type of Venue

Interior     Exterior     Both    # of Cast + Crew: \_\_\_\_\_

### Elements:

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Generator         | <input type="checkbox"/> Special Lighting | <input type="checkbox"/> Pyrotechnics |
| <input type="checkbox"/> Posting           | <input type="checkbox"/> Heavy Haul       | <input type="checkbox"/> Pre-light    |
| <input type="checkbox"/> Car Chase/ Stunts | <input type="checkbox"/> Special Effects  | <input type="checkbox"/> Animals      |

### Street/ Sidewalk Closure Request

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## Film Prep:

Dates: \_\_\_\_\_ Hours: (from) \_\_\_\_\_ am/ pm to \_\_\_\_\_ am/ pm

Describe preparation activity:

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## Filming

Dates: \_\_\_\_\_ Hours: (from) \_\_\_\_\_ am/ pm to \_\_\_\_\_ am/ pm

Describe filming activity:

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## Film Strike

Dates: \_\_\_\_\_ Hours: (from) \_\_\_\_\_ am/ pm to \_\_\_\_\_ am/ pm

Describe strike activity:

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## Parking Requirements

Number of Vehicles: \_\_\_\_\_ Type of Vehicle(s) \_\_\_\_\_

Parking Location (by address or specific location) of equipment vehicles:

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Parking Location (by address or specific location) of cast/crew personal vehicles:

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# Catering Services

Describe preparation activity and location of catering services:

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**PLEASE NOTE THAT A CANCELTION FEE WILL BE ASSESSED, AND 4 -HOUR MINIMUMS FOR PERSONNEL (IF APPLICABLE) WILL BE CHARGED, SHOULD FILMING PERMIT BE CANCELED WITH LESS THAN 24 HOURS NOTICE.**

*A PERMIT IS NOT ISSUED UNTIL ALL RELATED CITY PERMITS AND APPROVALS ARE RECEIVED. I hereby certify that I am aware of and agree to comply with the rules and regulations as provided for in the Union City Municipal Code, and restrictions listed by departments on the reverse of this page, pertaining to issuance of a permit. I understand that failure to comply may result in the immediate discontinuance of operations, revocation of the permit and/or police citation. I acknowledge that lack of timeliness and/or material changes to the event may result in permit denial or assessment of additional fees. I am the authorized event organizer and/or official contact for all aspects concerning the permit.*

Applicant (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Applicant (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

(OFFICE USE) \_\_\_\_\_ Approved      \_\_\_\_\_ Denied      \$ \_\_\_\_\_ Cost      \_\_\_\_\_ Paid

Department Approval: \_\_\_\_\_

Reason For Denial (if applicable ): \_\_\_\_\_