

CITY OF ALBUQUERQUE FILM PERMIT APPLICATION

505.768.3289
www.filmABQ.com

PERMIT #:

NEW APPLICATION

REVISED REQUEST

DATE OF APPLICATION:

PROJECT TITLE:	
PRODUCTION COMPANY:	
OFFICE ADDRESS:	
OFFICE NUMBER:	OFFICE FAX NUMBER:
LOCATION MANAGER:	CELL NUMBER:
ASSISTANT LOCATION MANAGER:	CELL NUMBER:

FILM LOCATION ADDRESS:	<input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR	BEGIN FILMING (DATE & TIME):
		END FILMING (DATE & TIME):
LOCATION OF BASECAMP (CANNOT BE ON STREETS):	BASECAMP MOVE IN (DAY, DATE & TIME):	
	BASECAMP MOVE OUT (DAY, DATE & TIME):	

(FILMING DATES/TIMES MUST REFLECT THE MOMENT PRODUCTION WILL ARRIVE AT THE FILMING LOCATION (I.E. SETUP BARRICADES) AND THE TIME THE LAST PRODUCTION VEHICLE LEAVES.)

PROVIDE A BRIEF DESCRIPTION OF THE SCENE BELOW
--

CATERER: _____	PHONE NUMBER: _____
CRAFT SERVICES: _____	PHONE NUMBER: _____

****YOU MUST ENSURE THAT BOTH ENTITIES CONTACT CABQ ENVIRONMENTAL HEALTH FOR PERMITS** 768-2638**

BARRICADES MAY ONLY BE UP DURING PERMITTED TIMES.

ITC CLOSURE	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB
ON	FROM	TO	
STREET NAME	STREET NAME	STREET NAME	
ITC CLOSURE	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB
ON	FROM	TO	
STREET NAME	STREET NAME	STREET NAME	
ITC CLOSURE	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB
ON	FROM	TO	
STREET NAME	STREET NAME	STREET NAME	
ITC CLOSURE	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB
ON	FROM	TO	
STREET NAME	STREET NAME	STREET NAME	

INTERMITTENT TRAFFIC CONTROL CANNOT EXCEED 5 MINUTES

SPFX?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE DESCRIBE:

IF YOU'RE BAGGING METERS DURING PREP WORK BE SURE TO MARK YOUR START DATE ACCORDINGLY

BAGGING METERS? YES NO	IF SO, PROVIDE METER LOCATION/S:
START DATE AND TIME:	
END DATE AND TIME:	

NUMBER OF CAST & CREW AT LOCATION: _____

1 REQUESTED NUMBER OF APD CHIEF'S OVERTIME:
NOTE APD TRAFFIC MAY REQUIRE MORE WHICH WILL
SUPERSEDE YOUR REQUEST

DEPARTMENT SIGNATURES
ALL REQUIRED SIGNATURES MUST BE ATTAINED TO BECOME A PERMIT

PERMIT # _____

DEPARTMENT OF MUNICIPAL DEVELOPMENT

600 2ND ST NW, 8TH FLOOR ALBUQUERQUE, NM 87102 (505) 768-2223		CONSTRUCTION COORDINATOR	DATE
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
BARRICADE PERMIT:	N/A	REQUIRED	PERMIT FEE \$ <input type="text"/>
COMMENTS:			

TRANSIT

100 1ST SW, 2ND FLOOR ALBUQUERQUE, NM 87102 (505) 724-3177		ABQ RIDE OPERATIONS SUPERVISOR	DATE
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS:			

FILM OFFICE

ONE CIVIC PLAZA NW, 11TH FLOOR ALBUQUERQUE, NM 87103 (505) 768-3289		FILM LIAISON	DATE
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS:			

PARKING DIVISION

600 2ND ST NW, 5TH FLOOR ALBUQUERQUE, NM 87102 (505) 924-3950		PARKING DIVISION MANAGER	DATE
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS:			

OFFICE OF NEIGHBORHOOD COORDINATION

PLAZA DEL SOL BUILDING 500 SECOND ST. NW, ROOM 440 ALBUQUERQUE, NM 87102 (505)924-3902			_____ ONC REPRESENTATIVE	_____ DATE
COMMENTS:			<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED

FIRE MARSHAL

724 SILVER SW ALBUQUERQUE, NM 87102 (505)764-6300			_____ FIRE MARSHAL'S OFFICE	_____ DATE
COMMENTS:			<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
EMERGENCY ACCESS LANE	<input type="checkbox"/> N/A	<input type="checkbox"/> REQUIRED		
FIRE HYDRANT ACCESS	<input type="checkbox"/> N/A	<input type="checkbox"/> REQUIRED		
SPECIAL COOKING ARRANGEMENTS	<input type="checkbox"/> N/A	<input type="checkbox"/> REQUIRED		
FIRE EXTINGUISHER'S NEEDED	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
STANDBY EMERGENCY TEAM NEEDED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> RESCUE	<input type="checkbox"/> PUMPER
SPECIAL CONSIDERATIONS	<input type="checkbox"/> ELDERLY	<input type="checkbox"/> HANDICAP		

SOLID WASTE

4600 EDITH NE ALBUQUERQUE, NM 87107 (505)761-8144			_____ SOLID WASTE REPRESENTATIVE	_____ DATE
COMMENTS:			<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED

ALBUQUERQUE POLICE DEPARTMENT

NORTH VALLEY AREA 5408 2ND ST. NW 505-761-8800	NORTHEAST AREA 8201 OSUNA NE 505-823-4455	NORTHWEST AREA 4501 ELLISON NW 505-768-4850	_____	_____
			AREA COMMANDER, APD	DATE
SOUTHWEST AREA 5404 LOS VOLCANES 505-831-4705	SOUTHEAST AREA 800 LOUISIANA SE 505-256-2050	FOOTHILLS 12800 LOMAS NE 505-332-5240	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS: _____ _____ _____				

ALBUQUERQUE POLICE DEPARTMENT / TRAFFIC

TRAFFIC COMMANDER 7520 CORONA AVE., NE ALBUQUERQUE, NM 87112 (505)768-2380	_____	_____
	TRAFFIC COMMANDER, APD	DATE
	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS: _____ _____ _____		

CHIEF'S OVERTIME

400 ROMA NW ALBUQUERQUE, NM 87102 (505)768-2380	_____	_____
	CHIEF'S OVERTIME COORDINATOR	DATE
	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS: _____ _____ _____		

ALBUQUERQUE POLICE DEPARTMENT, CHIEF'S OFFICE

400 ROMA NW ALBUQUERQUE, NM 87102 (505)768-2380	_____	_____
	CHIEF OF POLICE/APD	DATE
	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS: _____ _____ _____		

ENVIRONMENTAL HEALTH DEPARTMENT

ONE CIVIC PLAZA, ROOM 3023
ALBUQUERQUE, NM 87102
(505)768-2632

EHD REPRESENTATIVE

DATE

APPROVED DENIED

TEMPORARY FOOD ESTABLISHMENT N/A REQUIRED

NOISE PERMIT N/A REQUIRED

LIQUID WASTE N/A REQUIRED

GREASE CONTAINERS N/A REQUIRED

CHEMICAL TOILETS N/A REQUIRED

COMPANY NAME: _____ CONTACT #: _____

NUMBER OF FOOD / DRINK VENDORS / DISPENSERS AT THIS EVENT: _____

COMMENTS:

